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SERVICES TO THE URBAN ELDERLY: IMPACT OF BUDGET CUTS AND BLOCK GRANTS

ORIGINAL

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

SECOND SESSION

JUNE 21, 1982, MINNEAPOLIS, MINN.

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 97-356

COMPLETED

U.S. GOVERNMENT PRINTING OFFICE

99-344 O WASHINGTON : 1982

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SERVICES TO THE URBAN ELDERLY: IMPACT OF BUDGET CUTS AND BLOCK GRANTS

MONDAY, JUNE 21, 1982

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON AGING,
SUBCOMMITTEE ON HUMAN SERVICES,
Minneapolis, Minn.

The subcommittee met, pursuant to notice, at 2:30 p.m., in the Loring Ballroom, Holiday Inn, Minneapolis, Minn., the Honorable Bruce Vento presiding.

OPENING STATEMENT OF REPRESENTATIVE BRUCE F. VENTO

Mr. VENTO. I am pleased to be here at the 50th annual convention of the U.S. Conference of Mayors and to have the opportunity to chair this important hearing on the effects of Federal budget cuts on city services for the elderly.

This hearing is being conducted under the auspices of the Subcommittee on Human Services, the House Select Committee on Aging. Chairman Mario Biaggi of New York had originally intended to be here to chair this hearing himself, but at the last minute he could not attend.

Before we proceed with the testimony of today's witnesses, I would like to take just a few moments to announce that I am also today releasing the findings of the nationwide survey of 105 cities conducted by the House Select Committee on Aging in conjunction with today's hearing. That, in fact, was sponsored by the U.S. Conference of Mayors as well as the Select Committee on Aging.

The results of the Aging Committee survey are very revealing. For most of us they confirm what we already expected is happening. Most important, the survey shows that cities are, indeed, feeling the effects of Federal cuts in social programs. Almost three-quarters of the cities responding to the survey, which was conducted in May, reported budget cuts have had a significant impact on the services for the elderly.

Two-thirds of the elderly live in our Nation's cities so, indeed, any effects or problems that occur disproportionately impact older Americans.

I have a prepared statement that I will submit for the record at this time, and that will be followed by the highlights of the nationwide survey I mentioned earlier.

PREPARED STATEMENT OF REPRESENTATIVE BRUCE F. VENTO

Our nation's senior citizens are in trouble. That's one of the real themes of this Mayors' Conference. Every Mayor I've talked to, and we'll hear testimony from them later this afternoon, is seriously worried about the federal program cuts already in the works. But they're even more worried about what the Reagan Administration with its shoot from the hip, anti-city attitude might try to do next.

It's almost a replay of the attempts to gut Social Security and other retirement pensions last year in the name of so-called fiscal responsibility. The only reason the Reagan Administration backed down was pressure from the House and the outrage of the American people.

Now we're seeing reports that HUD is churning out documents saying that federal aid to cities is harmful and crippling. According to this tortured logic, cuts in programs for the elderly and others are justified. This is to be a self-fulfilling prophecy unless we once again push Administration officials against the wall and force them to back down.

The Select Committee on Aging has been conducting extensive investigations into the meaning of the federal budget cuts for older Americans. In May of this year, the Committee, in cooperation with the U.S. Conference of Mayors, conducted an objective opinion survey of cities across the nation. Our goal—to find out if elderly citizens were being hurt by the first round of budget cuts and just how bad the news was.

The findings of the survey reinforced what many of us feared. Older Americans, especially those living in cities and that's two-thirds of our entire elderly population, are finding life a lot tougher because of the Reagan Administration's anti-urban budget cut policies.

This is what officials from cities across the country told us:

Services for the elderly have been affected significantly because of the drastic changes in federal budget priorities from social programs to defense.

Cities are not in any position to make up for those losses of federal dollars because funding from other sources is not coming through.

Programs that enable the elderly to live with a modest degree of self-sufficiency, to remain active and contributing members of our communities, are the most severely affected.

It's obvious from these findings that our cities are already suffering. Three-quarters of the cities responding to the survey said federal cuts have had a significant impact on their services for the elderly.

Even more telling are the findings about the so-called "other" funding that Administration officials keep promising. Few cities have been able to find other funds to make up for the lost federal money. Only 10 percent of the cities said that other funds, private or otherwise, have become available for such important programs as senior housing, health services, or crime and safety programs. 90 percent of the cities indicated they have not found other funds.

Only 5 percent of the cities said that they have found funding to make up for senior employment and legal service programs. 95 percent said they had not.

What's more, cities responding to our survey indicate that they are also facing losses from other funding sources. Three-quarters reported state funds for certain elderly services have been reduced, and one-half reported losing county or city funds.

The survey also showed which services have been most affected. Ironically, the programs hardest hit are those which allow the elderly to remain independent. In three-quarters of the cities, senior housing, transportation, social services and employment opportunity programs are being curtailed or cut back.

It is unfortunate that these findings have to confirm the worst expectations. I wish the opposite were true. But the Reagan Administration's policies and priorities are hitting home and our elderly are the first to know.

This afternoon at 2:30 I will conduct a briefing at which the Mayors from 10 cities will personally testify about the effects of these Reagan policies on their cities.

HIGHLIGHTS OF NATIONWIDE SURVEY OF CITIES ON THE IMPACT OF BUDGET CUTS ON URBAN ELDERLY

In May of 1982, the Subcommittee on Human Services of the House Select Committee on Aging commissioned a nationwide opinion survey of 105 cities in order to assess the impact of Federal budget cuts on city services for the elderly.

The survey results show that federal budget cuts and administrative changes have hurt city services for the elderly: 72 percent reported budget cuts have had a signifi-

cant impact; 14 percent reported a minor impact; 11 percent felt that it was too early to determine the full impact.

The cities indicated that the impact of cuts has been felt most in programs that allow the elderly to maintain a modest degree of self-sufficiency.

Three-quarters of the cities reported a significant impact on senior housing programs, transportation services, social services, and employment opportunities programs.

One-half of the cities reported federal budget cuts had forced reductions in legal services, in-home care programs, nutrition programs, and weatherization programs.

In trying to assess the demand for senior housing and the ability of cities to respond to that demand, the subcommittee found that: senior demand for public housing has risen over the past year in one-half of the cities; 60 percent of the cities said that senior housing programs are being curtailed or will be cut back; the average waiting list for units in public senior citizen buildings exceeds available units by a factor of at least 2:1; in New York City, according to written testimony submitted by Mayor Ed Koch, "the average waiting list for public housing is 18 years, and the current vacancy rate for low and middle income private housing is 2.1 percent."

In trying to assess other funding sources for elderly programs, the survey revealed that local senior programs are also being hurt by cuts in state, county, city and other public funds: three-quarters of the cities reported significant reduction in state funds; over one-half experienced cuts in city funds; nearly 45 percent lost county funds; over one-third had budget cuts from other public funding sources.

Cities are not finding other sources of funding to replace federal money lost through budget cuts: only 5 percent of cities have found other funds for either senior employment and legal services programs; less than 10 percent of the cities indicated success in making up federal cuts in health services, housing or crime and safety programs; cities had the greatest success in making up federal cuts in the in-home services area. One quarter of cities said new funding sources had been found.

From Skokie, Illinois, we heard:

"Both the city's infrastructure and the city's citizens are aging and (both) require services as the city faces fewer dollars. Citizens turn to local governments in times of crisis."

From Norfolk, Virginia, we heard:

"The waiting period for housing units in 2–4 years for senior citizen buildings and 3–5 years for public housing units . . . it is important to note that programs listed that have experienced minor or unaccountable changes are anticipating major cutbacks in the near future . . . those having already undergone moderate or major changes are experiencing additional reduction."

From New Rochelle, New York, we heard:

"Very concerned about programs under the Older Americans Act . . . funds have been eliminated and have hurt very valuable programs which have kept people out of costly institutions . . . need for an expansion of programs for the frail elderly is imperative. . . ."

CITIES RESPONDING TO URBAN ELDERLY IMPACT STATEMENT

Akron, OH; Alexandria, VA; Allentown, PA; Altonna, PA; Anchorage, AK; Ann Arbor, MI; Arcadia, CA; Arlington, TX; Austin, TX; Baltimore, MD; Beaumont, TX; Beverly Hills, CA; Bloomington, IL; Boston, MA; Cambridge, MA; Canton, OH; Charleston, W. VA; Charlotte, NC; Chicago, IL; Clearwater, FL; Cleveland Heights, OH; Columbia, MO; Columbus, OH; Concord, CA; Corona, CA; Corpus, Christi, TX; Decatur, IL; Eau Claire, WS; El Paso, TX; Englewood, CO; Euclid, OH; Evanston, IL; Evansville, IN; Everett, WA; Fairfield, CA; Fort Worth, TX; Fullerton, CA; Garden Grove, CA; Garland, TX; Gulfport, MS.

Hagerstown, MD; Highland Park, IL; Holyoke, MA; Kenosha, WS; Lancaster, OH; Lancaster, PA; Las Cruces, NM; Lewiston, ME; Livonia, MI; Longmont, CO; Louisville, KY; Lubbock, TX; Lynchburg, VA; Manchester, NH; Manitowoc, WS; Marietta, GA; Melbourne, FL; Minneapolis, MN; New Brunswick, NJ; New Castle, PA; New Rochelle, NY; New York, NY; Newport News, VA; Norfolk, VA; North Charleston, SC; North Olmsted, OH; Norwalk, CT; Norwich, CT; Oak Park, IL; Orange, NJ; Paramount, CA; Parma, OH; Perth Amboy, NJ; Port Arthur, TX; Portland, ME; Portsmouth, VA; Providence, RI; Quincy, IL; Raleigh, NC; Richmond, VA; Roanoke, VA; San Antonio, TX; Savannah, GA; Seattle, WA; Sioux City, IA; Skokie, IL; Springfield, MA; St. Cloud, MN; St. Louis, MO; St. Paul, MN; St. Petersburg, FL; Stamford, CT; Sterling Heights, MI; Stockton, CA; Sunrise, FL; Texas City, TX; Thousand Oaks, CA; Topeka, KS; Trenton, NJ; Virginia Beach, VA; Warren, MI; West Covina, CA; West Hartford, CT; West Palm Beach, FL; Wilson, NC.

Mr. VENTO. We will be hearing today from three panels of mayors representing large and small cities nationwide. It is important that we in Congress maintain rapport with the mayors and hear from them as we address the issues and concerns that affect our cities.

The first panel today will be made up of U.S. Conference of Mayors leaders, including Mayor Helen Boosalis, who is not yet present but we're looking forward to her making it. It is understandable that she is detained this afternoon. She is president of the U.S. Conference of Mayors. Mayor Hernan Padilla, who is here from San Juan, Puerto Rico, is chairman of the U.S. Conference of Mayors Committee on Health and Human Services. He will join Mayor Boosalis as will Mayor Robert Buhai of Highland Park, Ill., chairman of the U.S. Conference of Mayor, Subcommittee on Aging. Mayor Thomas Cooke, of East Orange, N.J. is also scheduled to join this panel.

But first let me call on Mayor Robert Buhai of Highland Park, Ill., to give his prepared testimony. His entire written testimony will be made part of the record as will that of all of our distinguished witnesses this afternoon.

Mayor, welcome to the committee. You can proceed at this time as you wish.

PANEL ONE, CONSISTING OF HON. ROBERT M. BUHAI, MAYOR, HIGHLAND PARK, ILL., AND CHAIRMAN, SUBCOMMITTEE ON AGING, U.S. CONFERENCE OF MAYORS; HON. HERNAN PADILLA, MAYOR, SAN JUAN, P.R., AND CHAIRMAN, HUMAN SERVICES COMMITTEE, U.S. CONFERENCE OF MAYORS; AND HON. HELEN BOOSALIS, MAYOR, LINCOLN, NEBR., AND PRESIDENT, U.S. CONFERENCE OF MAYORS

STATEMENT OF MAYOR BUHAI

Mr. BUHAI. Congressman Vento, I am Robert M. Buhai, chairman of the Conference of Mayors Subcommittee on Aging and Mayor of Highland Park, Ill., a city of 30,000 population located 25 miles northwest of Chicago. It is a pleasure for me to testify today before the House Select Committee on Aging.

Before I make my statement, I would like to express to the committee our appreciation for conducting these hearings in conjunction with the Conference of Mayors 50th annual conference. Because of time constraints, I should like to briefly summarize my written statement and request that it be submitted in its entirety for the committee record.

As you may know, the Conference of Mayors has been actively involved with aging issues throughout much of its 50 year history. One current activity of the Conference of Mayors is the development of a 10-volume handbook, administering aging programs. One new volume published just this month provides a timely, up-to-date succinct overview of the priority concerns of the urban elderly and the various and innovative roles which cities are taking. As the focus of these hearings is on the local impact of Federal cuts on programs for the urban elderly, I would like to request that this volume be submitted as part of the record.

During these hearings we would like to provide the committee information which will allow it to become more fully aware of: One, the differences among communities as they respond to Federal funding cuts Administrative changes; two, some of the constraints on cities in meeting the needs of their older citizens; and three, what the Federal cuts mean in terms of people.

The committee will be hearing testimony from mayors representing cities of various size and geographic locations, and with different roles and responsibility in administering aging programs. A number of other mayors also have expressed interest in participating in these hearings. We would like to request that the written statements of these mayors be included as part of the committee record. There are a number of common threads which emerge in these statements, including the varying roles of the city, particularly as an advocate, and coordinator of services for the elderly; the development and operation of multiservice senior centers; concern that necessary support services be available to assist the elderly in their efforts to remain active in their own home; the need to recognize that the various programs and services for the elderly are interwoven; and that many of the community agencies which provide services for the elderly are experiencing financial uncertainties and difficulties resulting from cuts in Federal and other public funds, increased demands, and inflation, as well as reductions in private funds. Some cities indicated that traditional community sources of private funds such as the United Way are also experiencing cutbacks and deficits.

A sampling of mayoral comments include Mayor Hillman of Annapolis, who stated that he is "deeply concerned about the impact Federal cutbacks will have * * * the tragedy is that the elderly poor have already been left with little margin for survival."

Mayor Edward Koch of New York City adds that "State and local governments cannot assume the role of the Federal Government. They simply do not have the resources to make up for the staggering losses in Federal support being proposed."

Mayor Albert Smith of Skokie, Ill.: "Both the city's infrastructure and the city's citizens are aging and require services as the city faces receiving fewer dollars." and finally,

Mayor William McLaughlin of Wilmington, Del.: "Our older people are scared. We are told that our Nation is in an economic transition, however, there seems to be more concern about the effect of uncertainty on the financial markets than there is about the effect of uncertainty in the lives of our older people."

Congressman Vento, as you know, many of the final decisions on which programs will actually be cut are still being determined. In fact, many key decisions are taking place this week in Congress as members continue to resolve the "bottom-line" for the fiscal year 1983 budget.

While the specifics of the fiscal year 1983 Federal budget have not yet been fully determined, we do know that there will be cuts in many domestic programs which currently benefit the elderly still; the questions remain: How will cities respond to these anticipated cuts and what will be the impact upon services for the elderly?

For some cities it means adjusting existing programs; improving efficiency and reducing administrative costs through improved management; develping new coordinated efforts with other agencies; and identifying and utilizing alternative public and or private sector funds and volunteers. For other cities it will mean the need to generate additional local revenues through increased or new taxes or users fees, including service charges for the elderly to compensate for lost Federal revenues. For still other cities, it will require the reduction of existing services, shortening hours of services and or scope and quality of service, and reduction in staff.

As indicated in a survey of 100 cities conducted last November by the Conference of Mayors, many cities do not have the local resources to absorb these Federal reductions, and may face statutory constraints against raising revenues from their States and or voter initiatives. As you know, this is the third consecutive fiscal year that cities have had to adjust to major reductions in Federal aid. The results of the 100-city survey conducted by the Conference of Mayors indicated the following actions:

Of the cities surveyed, 60 percent have laid off workers; 41 percent have raised taxes—or indicated that they will, and 50 percent have reduced services substantially and have deferred capital spending to absorb Federal cutbacks.

During this time of funding cuts, it becomes even more crucial for local elected officials to be involved in decisions over local programs. It is at the local service delivery level that essential services need to come together in a coordinated and effective manner. Frequently, key decisions over local programs are made without benefit of local officials' involvement and judgment.

The U.S. Conference of Mayors had developed a concept paper outlining some of our concerns specifically for streamlining and coordinating of aging programs which we consider of great importance. Yesterday, the resolution committee unanimously reported three resolutions affecting the elderly. One addressing the needs of older workers, another in support of the Older Americans Act with improved local coordination, and a third dealing with alternatives in elderly housing. I will include for the record copies of these.

Before we proceed with the other mayors, I would like to say a few words regarding my city of Highland Park. I will insert for the record a fuller description of our concerns.

The city of Highland Park established the department of senior services in 1975, opened the senior center in 1976 and is one of the few social service agencies which is not directly or immediately affected by Federal budgetary cutbacks. No Federal funds have been utilized in the operation of the department. Federal assistance for facility improvements were completed in 1979. As originally conceived the department serves as the community center for social and recreational services designed by and for older citizens. Utilizing the resources of the community as fully as possible, the services include; counseling, information and referral, education, health maintenance and community service as well as recreation.

The inclusion of local government units such as Highland Park as a primary element in the Older Americans Act would serve to reduce the need for extensive regulatory guidelines, plans or procedures. It would shrink the administrative fringe costs involved in

travel, telephone, mail, and so forth. It would allow for creative and flexible service variations to fit local needs and capitalize on local resources. It would generate local employment and business, improve and utilize related social services such as health, education, and recreation. It would make services accessible, visable and nondiscriminatory. It would meet quality standards or we hear about it in the supermarket aisles and at the corner gas station as well as city hall. People want to take pride in their own community. They need to feel a sense of community and security that essential services are available. The strong public support for police, fire, and hospital services is based upon this need. Today younger as well as older people are looking to local and Federal Government for the services they see as necessary to the daily lives of the elderly. When the Federal Government removes the services and casts aside the responsibility, it not only diminishes confidence in our Nation but turns the public against local government. The Older Americans Act could again become visionary by restoring the whole concern for older people through a working partnership with local government to deliver services to the people.

When this happens your walk down the street in your hometown will be much more pleasant. By the way where do you plan to retire?

In summary, let me repeat our primary concern that recognition be given for the local diversity and capacities of cities to respond to Federal funding cuts; and in interrelationship of many of the essential support services for the elderly. It is crucial that local governments be effectively involved in the decisionmaking process and be allowed to develop their own local strategies to respond to Federal actions. All levels of government have a role and responsibility. Local governments are greatly involved in facilitating the well-being of the urban elderly; however, they cannot substitute for the role, responsibility and resources of the Federal Government regarding programs for older Americans.

[See appendix 1, p. 71, for material submitted by Mayor Buhai.]

[The prepared statement of Mayor Buhai follows:]

PREPARED STATEMENT OF HON. ROBERT M. BUHAI, MAYOR OF HIGHLAND PARK, ILL., AND CHAIRMAN OF THE CONFERENCE OF MAYORS AGING SUBCOMMITTEE

Congressman Vento, I am Robert M. Buhai, Chairman of the Conference of Mayors Subcommittee on aging and Mayor of Highland Park, Illinois, a city of 30,000 population located 25 miles northwest of Chicago. It is a pleasure for me to testify today before the House Select Committee on Aging.

Before I make my statement, I would like to express to the House Select Committee on Aging our appreciation for conducting these hearings in conjunction with the 50th Annual Conference of Mayors. We commend the Committee for its leadership in Congress in focusing national attention on the needs of the elderly. We are particularly pleased that the Committee is now addressing the local impact on programs for the elderly resulting from cuts in the federal budget, and the consolidation of many programs into state administered block grants.

I should like to suggest that there may be some similarity between the role of the Select Committee on Aging and that of City Halls regarding aging services. The Committee serves as a focal point in Congress for overseeing the many and interrelated needs of the elderly which range from adequate income, suitable housing and access to services, to proper health care. The Committee is looked upon for information and guidance in these areas, and in working with the appropriate Committees to bring about necessary changes—a responsibility and process which is complex and often politically sensitive.

Likewise, many city governments are perceived as community focal points which address the multifaceted and interrelated needs of our older citizens. City government must work with countless other public and private agencies to help coordinate those services necessary to assist an older person to remain in his or her home and community. This task at the local level is also complicated and political, and, in these times of shrinking federal resources, is becoming increasingly more difficult. Yet, we are each held accountable, often for decisions and actions to which we have limited access.

U.S. CONFERENCE OF MAYORS

The United States Conference of mayors (USCM) is the official organization representing Mayors of cities with populations of 30,000 or more. As you may know, the Conference of Mayors has been actively involved with aging issues throughout much of its 50 year history. Its roots stem from the time of the depression with the collective concerns expressed among Mayors for the well-being of their city residents, including older citizens. The Conference of Mayors has been very active in working with Congress in the development of national policies and programs to address issues such as employment and income needs of individuals, ensuring suitable and affordable housing, providing access to transportation and community services, eliminating discrimination, providing appropriate health care, and maintaining clean, safe and liveable cities. Much has occured in the past half century in the development of public policies and programs to benefit the elderly. These changes have been due in part to the dramatic increase in the elderly population, coupled with the greater role and responsibility city governments have undertaken in responding to their needs at the local level. Many of the current activities of the Conference of Mayors regarding older Americans evolved from an earlier task force on aging on which I was privileged to serve. One recommendation of the task force adopted by the Conference was the establishment in 1978 of a Subcommittee on Aging. I am pleased that Mayor Helen Boosalis, President of the Conference of Mayors—who will be testifying shortly—appointed me this past year to serve as Chairman of that Subcommittee.

There are a number of current activities being pursued by the Conference of Mayors regarding aging matters which may be of interest to the Committee as you proceed with your examination of the impact of the federal budget cuts and block grants. Of particular interest may be efforts to identify effective utilization of alternatives to federal funding for aging services, as well as the use of local governances—such as changes in zoning and ordinances, or tax and administrative reform—to complement and strengthen aging services. Each of these examinations will be compiled and included as supplements to the handbook, Administering Aging Programs, published by the Conference.

Volume VI of this guide, "Serving the Urban Elderly: Issues and Programs," provides a timely, up-to-date succinct overview of the priority concerns of the urban elderly and the various and innovative roles which cities are taking to respond to their needs. As the focus of these hearings is on the local impact of federal cuts on programs for the urban elderly, I would like to request that this volume be submitted as part of the record. With the reduction of federal, state and local resources and the simultaneously increasing demands for essential services by a growing elderly population, Mayors have begun to search not only for different sources of funding, but improved ways to maximize available resources. For example, as highlighted in this volume:

Housing.—In response to concerns about decreased public funds and increased needs for senior housing, Jacksonville Mayor Jake Godbold negotiated a private sector and volunteer "adopt a senior high-rise" program, whereby private companies assume responsibility for the maintenance and operation of elderly facilities;

Employment.—In Philadelphia, the Mayor's Commission on Services to the Aging holds an annual Job Fair for citizens over age 55 with over 70 local companies participating;

Crime.—In Colorado Springs, volunteers of all ages serve together as a Senior Victim Assistance Team to help minimize material and emotional disruption experienced by elderly victims;

Senior Centers.—Several cities such as Baltimore and Albuquerque have raised funds for the construction of multipurpose senior centers through municipal bonds or special tax levies, while others, such as Kettering, Ohio, lease a city-owned facility at nominal or no cost to a private agency; and

Health.—Through the use of governance tools, cities are promoting health among our aged by eliminating the sales tax on pharmaceuticals and over-the-counter

drugs, and altering zoning ordinances to allow for group homes near a hospital for those needing treatment, but not institutionalization.

Yet cities alone do not have sufficient resources to support the programs needed to assist older people to remain independent and active in their communities. At the local level it requires a collaborative effort among a host of public and private agencies which provide services benefiting the elderly. Likewise, each level of government has a role, responsibility and resources which are essential. The elderly and local agencies which serve them rely heavily upon federal funds to support many of the essential services necessary to enable older persons to remain in their own homes.

FOCUS OF HEARINGS

We are very pleased that the focus of these hearings is on the local impact of federal budget cuts on the urban elderly. Too often there is a tendency to examine the dollar or percentage differences in the federal budget without adequately considering the impact of these actions on the lives of older individuals, as well as their families and community.

How well a community is able to respond to the impact of these federal budgetary cuts is heavily dependent upon local conditions. Each community, even those which may be similar in terms of population, geographical location, or form of government, remains distinct and unique. It is important, therefore, that the decisions over the federal budget and administrative changes regarding programs at the local level include adequate consideration and input by the level of government closest to the service delivery.

We appreciate this opportunity to provide to the Committee information which will allow it to become more fully aware of: (1) the differences among communities as they respond to federal funding cuts (administrative changes; (2) some of the constraints on cities in meeting the needs of their older citizens; and (3) what the federal cuts mean in terms of people—not simply numbers, but individuals.

LOCAL IMPACT OF FEDERAL CUTS

This afternoon the Committee will be hearing testimony from Mayors representing cities of various size and geographic locations, and with different roles and responsibilities in administering aging programs. A number of other Mayors also have expressed interest in participating in these hearings, yet, time permits only a few Mayors to provide oral testimony. Several Mayors unable to testify have submitted written statements which we feel will be useful to the Committee. While these Mayors addressed the impact of federal cuts in their own cities, their experiences are representative of actions taking place in countless other communities throughout the country.

We would like to request that the written statements of these Mayors be included as part of the Committee record. There are a number of common threads which emerge in these statements, including:

Many Mayors identified the significant increase in the percentage of elderly population, which is usually much higher than the national average. Many cities reported that while their city population may be dropping, the percentage of the 65 plus population is increasing—in some cases doubling over the past ten years;

The role of the city is often as an advocate, facilitator and coordinator of services among the multitude of public and private agencies involved in their community with programs, services affecting the elderly, including their Area Agency on Aging;

Many cities have an active role in the development and operation of multiservice senior centers which serve as a catalyst for the elderly and for community services;

Many Mayors expressed their concern that necessary support services be available to assist the elderly in their efforts to remain active in their own home and community, and to avoid institutional care;

Many Mayors expressed the need to recognize that the various programs and services for the elderly are interwoven, including those programs specifically for the elderly such as the Older Americans Act and Medicare, as well as non-aging specific services such as CETA, housing assistance, Title XX, and Urban Mass Transit (UMTA); and that a reduction in any of these essential services affects the capacity of the others;

Many of the community agencies which provide services for the elderly are experiencing financial uncertainties and difficulties resulting from cuts in federal and other public funds, increased demands, and inflation, as well as reductions in private funds. Some cities indicated that traditional community sources of private

funds such as the United Ways are also experiencing cutbacks and deficits and consequently are having to reduce their funding role to community agencies; and

Many Mayors have expressed concern for the well-being, quality of life and very survival of many elderly as a result of the federal funding cuts.

While Mayors indicated that there are differences in the degree of local impact ranging from no significant impact to reports of local devastation in programs for the elderly, no statement by any Mayor indicated that the federal cuts were beneficial to the elderly. In fact, the testimony of Mayors ranging from large cities such as New York City to smaller cities such as Annapolis expressed grave concerns over the local impact on programs for the elderly as a result of the federal budget cuts. A sampling of Mayoral comments include:

Mayor Joseph Daddona of Allentown, Pennsylvania: "The City of Allentown has experienced drastic demographic shifts. Our elderly population is returning to the city where the services they need are readily available. An effect of this . . . is evidenced by the fact that there are 883 occupied subsidized elderly units in Allentown and a waiting list of 1,250 people. The Area Agency on Aging has completely eliminated its weatherization program. Little funds remain for the fuel assistance program. The Senior Citizen Centers' nutrition budgets have been reduced by 20 meals a day. Emergency services have been reduced, legal services for the elderly have been reduced by 25 percent and their transportation budget has also experienced some cuts."

Mayor Hillman of Annapolis: "I am deeply concerned about the impact federal cutbacks will have on the 6,500 people over the age of 60 who live in our city . . . The tragedy is that the elderly poor have already been left with little margin for survival . . . The cuts in Medicaid and Medicare programs will have a devastating effect on the elderly of the nation. Slashes are unconscionable, cruel and devastating . . . Although many of the programs and services we have to offer are bandaid, we dare not reduce services or programs below their present level."

Mayor Bob Bolen of Fort Worth, Texas: "According to the 1980 Census figures for Fort Worth, the over 60 population is counted as 62,850. The census in 1970 showed 52,000 for this city . . . Health care was a topic [of a recent Town Hall meeting] in which there was some discouragement noted in that those citizens who had managed to save money for their retirement would need to deplete their savings to pay for a catastrophic illness if it occurred and would not qualify for Medicare or Medicaid until they were reduced to a poverty level of income. Not all older citizens need or desire help from a governmental source, but many do and have come to rely on a source of income and services."

Mayor Emil Lisy of Maple Heights, Ohio: "We simply cannot turn our backs to our elderly population and accept cutbacks in federal spending for services for the elderly . . . President Reagan has recommended that the private sector and the generosity of the people will cure our funding ills. But this, by far, is the greatest injustice of all. How can we expect people who are out of work to contribute to private charitable agencies . . . people who have pledged money are unable to pay because they are unemployed."

Mayor Edward Koch of New York City: "In a legitimate quest for a balanced budget, the Administration has erroneously singled out human services for reduction, and is attempting to shift responsibility for assistance to the needy to state and local government. But state and local governments cannot assume the role the President would have the federal government abdicate. They simply do not have the resources to make up for the staggering losses in federal support being proposed."

Mayor Elizabeth Hoffman of North Tonawanda, New York: "Following the 1970 Census, 4171 senior citizens 60 years of age and older were reported living in the city of North Tonawanda. Following the 1980 Census, the above figure increased to 5711, an increase of 37 percent. In view of this information, clearly, benefits, programs and services for the elderly should be on the upswing. The role of the city is that of an advocate for senior citizen programs and services . . . The proposed 1983 federal budget cuts could prove disastrous for programs and services that are so beneficial to the physical, mental and financial well being of elderly in our community. Should these budget cuts be approved, the advances made in the field of aging will be set back by at least ten years."

Mayor Everett Lattimore of Plainfield, New Jersey: "The currently projected cutbacks mean deciding whether fewer elderly Plainfielders will receive quality programs or all will share in an inferior program. Skilled CETA workers have already been lost . . . We do not want competition between programs, but cooperation to try to restore the full component of human service instead of vast military expenditures."

Mayor Albert Smith of Skokie, Illinois: "Both the city's infrastructure and the city's citizens are aging and require services as the city faces receiving fewer dollars. Local governments have no assurance that they will have reasonable input into state allocations, but citizens turn to local governments in times of crisis."

Mayor P. Pete Chalos of Terre Haute, Indiana: "[The] proposed elimination of Title V programs and most especially the Senior Community Employment Program would make a tremendous impact on the elderly . . . Let's not take away their only hope of independence, self-sufficiency and pride . . . Currently, the City of Terre Haute has approximately 550–600 elderly on the waiting list for housing through the Terre Haute Housing Authority and 500 more on the list for other elderly complexes. Needless to say, cuts in federal funding for housing will place a tremendous burden on the city."

Mayor Alvin DuPont of Tuscaloosa, Alabama: "There has been an increase in the number of elderly persons needing help in the economic area due to the rapid rate of inflation . . . We fear that the elderly will suffer from block grant implementation when all manner of programs and persons are competing for the same dollars. This feeling is based on the fact that in the past, and to a great extent today, the emphasis in the country is on the needs of other age groups."

Mayor William McLaughlin of Wilmington, Delaware: "In terms of our older population, the city's role is to act as a catalyst to ensure that our private agencies do the best job possible and have as many resources as we can help them attain . . . Our older people are scared. We are told that our nation is in an economic transition, however, there seems to be more concern about the effect of uncertainty on the financial markets that there is about the effect of uncertainty in the lives of our older people. They only ask that they not be required to do more than their fair share. They only ask they not be made to feel guilty for living so long."

Congressman Vento, as you know, many of the final decisions on which programs will actually be cut are still being determined. In fact, many key decisions are taking place this week in Congress as members continue to resolve the "bottom-line" for the fiscal year 83 budget. And as you know, these hearings were almost postponed because of the need for members to be present for key votes this week to resolve differences between the House and Senate versions of the Budget Resolutions. We are therefore very appreciative that you have consented to continue these hearings to provide an opportunity for the local perspective.

Yet, while the specifics of the fiscal year 83 federal budget have not yet been fully determined, we do know that there will be cuts in many domestic programs which benefit the elderly from current federal funding levels. For some, such as the Older Americans Act, these cuts will not be as severe if there is an agreement, as appears likely, to freeze the program at fiscal year 1982 funding levels. Therefore, the cuts will only be felt in terms of increased demands based largely on population factors and decreases in purchasing power due to inflation. In other programs for the elderly such as Medicare, however, it is not a question of whether there will be a cut but rather how sharply the cut will be made.

In other programs such as Community Development Block Grants and the Comprehensive Employment and Training Act (CETA) which are not aging specific, reductions will have an impact in some cities on their aging programs, particularly regarding staff for many community agencies and the development of senior centers.

Yet the questions remain: how will cities respond to these anticipated cuts and what will be the impact upon services for the elderly? As will be evident by the testimony of Mayors to follow, for some cities it will mean adjusting existing programs; improving the efficiency and reducing administrative costs through improved management; developing new coordinated efforts with other agencies; and identifying and utilizing alternative public and/or private sector funds and volunteers. Yet, for other cities it may mean the need to increase local revenues through increased or new taxes or users fees, including service charges for the elderly to compensate for lost federal revenues. And for still other cities, it may require the reduction of existing services, shortening hours of services and/or scope and quality of services, and reduction in staff.

As indicated in a survey of 100 cities conducted last November by the Conference of Mayors, many cities do not have the local resources to absorb these federal reductions, and may face statutory constraints against raising revenues from the states and/or voter initiatives. As you know, this is the third consecutive fiscal year that cities have had to adjust to major reductions in federal aid, as a result cities responding to the Conference's survey indicated that they have had to undertake the following actions: 60 percent of the cities surveyed have laid off workers; 41 percent

have raised taxes (or indicated that they soon would); and 50 percent have reduced services substantially and have deferred capital spending to absorb federal cutbacks.

While these actions are for all city services, not necessarily aging specific, the urban elderly (and two-thirds of the elderly reside in an urban area) are greatly affected.

Therefore, during this time of funding cuts, it becomes even more crucial that local elected officials be involved in the decisions over local programs. It is at the local service delivery level that essential services need to come together in a coordinated and effective manner. Oftentimes, the key decisions over local programs are made without benefit of the local officials' involvement and judgment. This has been evident in the implementation of the first phase of the new block grants program where some cities indicated that they had little information as well as limited or no involvement in many of the key decisions over programs being planned and developed by bureaucrats located hundreds of miles from the actual service of delivery.

While the Conference of Mayors supports the concept of block grants, it is with the assurance of effective local government involvement in the planning and development of the funding. Last year during our annual meeting a comprehensive policy on block grants was adopted. I would like to submit a copy of this policy position on block grants for the record. Furthermore, a concept paper outlining some of our concerns specifically for the streamlining and coordination of aging programs has also been developed. I would like to submit this concept paper as part of the Committee report as well.

The Committee might also be interested to know that yesterday, during deliberations by the Committee on Health, Education, and Employment and Human Services—of which Mayor Hernan Padilla of San Juan is Chairman—the members favorably reported for full membership consideration two resolutions addressing aging issues: one addressing the needs of older workers and the other in support of the Older Americans Act with improved local coordination. Another Committee also reported a resolution on elderly housing. We anticipate that each of these resolutions addressing concerns of the elderly will be adopted as official policy positions of the Conference of Mayors during proceedings on Wednesday. I will include for the record copies of these resolutions as passed.

In summary, let me repeat our primary concern that recognition be given for the local diversity in capacities of cities to respond of the federal funding cuts; and in the interrelationship of many of the essential support services for the elderly. It is crucial that local governments be effectively involved in the decision making process and be allowed to develop their own local strategies to respond to federal actions. All levels of government have a role and responsibility. Local governments are greatly involved in facilitating the well-being of the urban elderly; however, they cannot substittute for the role, responsibility and resources of the federal government regarding programs for older Americans.

HIGHLAND PARK

Before we proceed with the other Mayors, I would like to say a few words regarding my own city of Highland Park and share with the Committee some of our responses to the federal cuts.

City of Highland Park established the Department of Senior Services in 1975, opened the Senior Center in 1976 and is one of the few social service agencies which is not directly or immediately affected by federal budgetary cutbacks. No federal funds have been utilized in the operation of the department. Federal assistance for facility improvements were completed in 1979. As originally conceived the department serves as the community center for social and recreational services designed by and for older citizens. Utilizing the resources of the community as fully as possible the services include: counseling, information and referral, education, health maintenance and community service as well as recreation.

The initial emphasis on transportation was to design a comprehensive system for older residents, not just to channel older riders into the new Senior Center. The composite of city bus service and hourly senior mini-bus circular route in the central business district, connects 2 senior housing buildings, the Senior Center, hospital, recreation center and grocery stores with the city bus and railroad depot.

Added portal to portal service is provided by a senior reduced fare cab program supported through Township revenue sharing funds and city general revenue funds. The total system utilizes the regional transit pass stamped to identify Highland Park residents as eligible for local 50 cent cab program operating 24 hours daily. This transportation system has benefited local business, improved local cab services, allows handicapped persons to become mobile, provides seniors an optional service

in difficult winter driving weather, and provides older people with weekend and night time transportation for emergency and other local trips.

Changes in revenue sharing could effect Township cab service support. Reduced federal transportation funds would limit the city bus and center mini-bus routes. Many small communities in suburban and rural areas have already been forced to curtail their senior transportation services and planned senior transportation services in the area have been dropped in spite of the obvious needs.

Full time social work services are provided in the city department budget with added consultation and long term counseling available through a city purchase of service agreement with the local nonprofit family service agency. There remains a widening critical gap in services for more complex problems of mental illness, such as Alzheimers disease. Private psychiatric care is prohibitively expensive and state mental health funds have been repeatedly cut. State mental health hospitals are closing units that serve elderly patients with no allocation of funds to assist the home communities with discharged patients. Social work counseling services are not appropriate to meet these responsibilities.

Area Agency Title XX community care funds were used up in May and supplementary emergency funds from the local United Way have been assigned to carry on the services temporarily. Many surrounding communities within this 8 county Area Agency on Aging do not have this emergency support. As all social services are experiencing federal cutbacks, United Way funds are in great demand for the coming fiscal year and cannot be stretched to fill all the needs.

Highland Park Hospital has expanded community health services, home delivered meals and works closely with our Department of Senior Services in counseling, educational programs, continuity of home and extended care facility referrals. The hospital is starting a daily call reassurance program in September with volunteers trained by our department staff. The Health Fair, originally sponsored by our Department of Senior Services in 1979, will be conducted by the hospital in September with our cooperation and senior volunteer assistance.

However as cut in medicare and medicaid fail to meet costs, hospitals throughout metropolitan Chicago are refusing or limiting services to those who are not adequately covered by insurance. The local hospital does not provide for a sliding fee scale and as home health care patients exhaust their benefits, the hospital ends their services. Cases are referred to the Lake Country Health Department which reports an unprecedented increase in their Highland Park caseload. The Lake County Board of Supervisors, which has financial approval over the health department levy, has repeatedly refused to allow for adequate funding to cover many needed services such as extended home health services for the elderly. Strong taxpayer protest groups have influenced the board to maintain a tight budget although the existing public health services have been extremely effective. Health consultations, routine examinations, monitoring and some tests are provided monthly by the county health department mobile clinics held in the city owned Recreation Center. The majority of users are senior citizens. The clinic was established in Highland Park through the efforts of our Department of Senior Services. Financial support was also obtained form the local Township to provide free service for persons age 65 and over.

The city Fire Department provides blood pressure testing on a drop-in basis at any time in all fire stations. Many senior citizens take advantage of this free service which is provided by the Fire Department paramedics. It also produces opportunities for informal exchange about fire safety and health emergency services.

Homemaker services, as provided under Title XX, are limited by income eligibility and a state point system designed to identify only extreme situations as eligible for service. Many older residents have temporary or chronic disabilities that require some home help assistance. In this and most other communities there is a shortage of homemaker services due to several factors. Our Department of Senior Services has been conducting on going meetings with 10 agencies in a mutual effort to develop such services within this area. The lack of service is based upon a combination of low job status, low pay, lack of training, inadequate supervision and lack of public recognition of the importance of this service as a resource to supplement or replace home health nursing care. In response to these meetings the department developed a training program for YES (Youth Employment Services) a local agency sponsored by North Shore Chapter of Jewish Women. YES "Senior Aides" perform household and yard chores and provide companionship services. Our social worker assists as consultation and backup resource. This does not meet the full need for homemaker assistance and we will make continual efforts to extend public health or homemaker agency services. However the expenses and ongoing requirements to develop the

necessary quality of services is dependent upon fund resources that are continually cut.

Another community volunteer service provided through the North Shore Chapter of Jewish Women is the "Council Couriers" developed by our Department of Senior Services. Local volunteers provide transportation for shopping and to medical appointments for elderly persons unable to use the bus or in need of assistance to carry groceries into their homes. Calls for Courier Service are made to our social worker who transmits the information to the volunteer chairman for assignment and appointments. This provides our staff an opportunity for monitoring the individual senior caller's needs and make new referrals to the service from our caseload.

Hearing screening, consultation and educational classes for the hearing impaired have been provided by the Northwestern University Audiology Center on regular basis. Recent cuts in educational funds have reduced the faculty and graduate student internship training programs. Consequently it limited our service in recent months. This lack of student experience will not only effect our services but the future availability of people trained to work with hearing impaired elderly persons.

Educational credit courses have been provided at the Senior Center by College of Lake County faculty at the reduced ½ tuition rate for persons age 60 and over. Enrollments include younger adults (at full tuition) to make an exciting mixture and interaction among classmates ranging from 20 to 86 years old. Cuts in educational funds have effected the community college and may eliminate assignment of faculty members to our Center.

Recreational services are supported primarily through a budget allocation from the Park District of Highland Park in joint agreement with the city. User fees cover trips and a major portion of our weekly senior luncheon expenses. Senior volunteers bake cookies at the Center, donate cakes for parties and luncheon desserts; set and clean tables; act as hosts and hostesses; serve as telephone receptionists and clerks; help as center handymen; fill in as bus driver substitutes; teach some classes; provide programs; work in many community service projects; sew for hospitals, children day care centers, Red Cross, world relief; help maintain our flower gardens and one full time volunteer retired 76 year old businessman conducts our senior employment service.

The city policy of employing retired people in public work summer landscaping projects and other part-time flex-time work is mutually satisfying for the retiree and the city operations.

Through Community Development Block Grant Funds, HUD and section 8, the city of Highland Park constructed two senior apartment buildings totaling 123 units. The waiting list was frozen 2 years ago with over 500 applications. Senior citizens know the current federal cuts in housing support has stopped the city plans for further construction. Meanwhile rental costs, housing, utility and household repair expenses added to the high tax rates are continuing to drain the resources of retired people. Even in the more affluent communities such as ours, many older people live on low, marginal and modest fixed incomes. They are among the most consistent participants at the Senior Center and express their fears of health, housing and ordinary living costs as a daily anxiety.

It is ironic that just when some progress was becoming evident in addressing the special concerns of aging, these funds cuts have blocked the path. The elimination of the Administration on Aging Career Preparation program (recently proposed by the Office of Human Development Services) on top of cuts already enacted will halt another effort that barely started to improve the abysmal lack of professional knowledge about aging.

At the March post White House conference meeting of Illinois delegates a strong message was delivered to the governor, general assembly and congressional delegates to act upon health, economic security and housing as national issues.

The Older Americans Act was a visionary concept including the whole scope of human needs. For the first time traditional lines of discipline in education, health, recreation and service were merged in the total concern for older people. As subsequent revisions to the Act imposed federal regional planning mechanisms, priorities and elaborate definitions of service in ever changing regulations and funding patterns, the role of local government was diminished. Yet the people relate primarily to local government as their resource, arbitrator and protector. Criticism is part of the public function at the local level as you will know when back in home territory. The expectations of older people were fueled by publications of 6-7-8 and more digit allocations for services to the aged. Many older people began to question any personal benefit they have received. Finding nothing of substance to identify as coming from these grand expenditures, they tended to discount all levels of government

services. Many non profit agencies were credited with providing services but the federal funding source was seldom made known to the person or public. The effort to establish a "network" by weaving together unrelated pieces often created more traps and barriers. The Area Agency Planning Service Areas are generally too large and unrelated to the real world of daily community life. Costly procedures to document services drain off funds that should be utilized for delivery of services. Efforts to define services lead to further fragmentation and the agency response to local needs is prostituted by grant payments for other purposes. Life is not one dimensional as put on paper but an active dynamic exchange within the community. The present system of large planning areas with paper substituting for people contact has changed the original OAA vision of service to a frustrating, energy wasting exercise in accounting.

Local communities have been struggling to provide answers and services to problems they never created. There have been few crumbs that fall from the federal table to help local governments in social service provision. The commitment made at the local government level cannot be handed further down nor can the responsibility to fulfill a public need be glossed over as belonging somewhere else. The ignoring of small units of local governmental units was and is a major flaw in the Older Americans Act.

The inclusion of local government units as a primary element in the Older Americans Act would serve to reduce the need for extensive regulatory guidelines, plans or procedures. It would shrink the administrative fringe costs involved in travel, telephone, mail etc. It would allow for creative and flexible service variations to fit local needs and capitalize on local resources. It would generate local employment and business, improve and utilize related social services such as health, education and recreation. It would make services accessible, visible and non-discriminatory. It would meet quality standards or we hear about it in the supermarket aisles and at the corner gas station as well as city hall. People want to take pride in their own community. They need to feel a sense of community and security that essential services are available. The strong public support for police, fire and hospital services is based upon this need. Today younger as well as older people are looking to local and federal government for the services they see as necessary to the daily lives of the elderly. When the federal government removes the services and casts aside the responsibility, it not only diminishes confidence in our nation but turns the public against local government. The Older Americans Act could again become visionary by restoring the whole concern for older people through a working partnership with local government to deliver services to the people.

When this happens your walk down the street in your home town will be much more pleasant. By the way where do you plan to retire?

Mr. VENTO. Thank you, Mr. Mayor.

We will go to Mayor Hernan Padilla, who is from San Juan, P.R., and then finally to Mayor Boosalis, if that's agreeable.

STATEMENT OF MAYOR PADILLA

Mr. PADILLA. Mr. Chairman, members of the committee, my name is Hernan Padilla. I am the mayor of San Juan, capital of the Commonwealth of Puerto Rico.

I am pleased to have the opportunity to present to you today a brief outline of the status of our city's elderly population and the services we are currently providing to our senior citizen population.

I would like to begin by providing you with some basic and general information about San Juan. It has an estimated 1980 population of 564,000. It covers a land of 47 square miles. It represents 17 percent of Puerto Rico's total population and more than half that of the San Juan metropolitan area. San Juan is the island's major economic, commercial, cultural and service center.

In 1980, San Juan's elderly population, age 60 and over, was estimated to be 67,400. This is approximately 11.9 percent of the city's total population. In addition, it is approximately 18.1 percent of the island's total elderly population, which currently stands at approxi-

mately 371,000 persons, a substantial number of whom are low-income persons.

I feel an acute responsibility to providing essential services to this segment of our population. I feel this responsibility to the elderly not only as the city's chief elected official but also as a medical doctor with a special understanding of the needs and problems of the aged.

Throughout my 6 years as mayor, I have made special efforts to provide health and social service—related assistance to the poor, elderly and indigent populations of our city. Much of our work in this area has been accomplished with assistance from the Federal Government, through moneys legislated by the U.S. Congress. I would like to describe in some detail the services the city government is providing to our elderly population currently.

We operate a total of 10 centers for the elderly, located at various areas throughout the city with a high proportion of low- and moderate-income persons. Seven of these centers are located within the city's multiservice centers, which provide a broad variety of social services to other segments of our population.

Each of these centers is providing a variety of support services to our elderly population to assist in their efforts to remain in their own home. They include nutrition, social services in coordination with other Government agencies, health care, recreation and home health care. Each of the centers is staffed by an average of 10 or 12 persons, including a supervisor, a graduate nurse, five home health aides, a social worker, a food supervisor, one or two cooks, an activity organizer and a maintenance supervisor.

In addition, the city provides personnel support services for a limited number of service centers located in various housing projects under the authority of the commonwealth, the State government of Puerto Rico. The city also provides financial support services for two community agencies registered as private, nonprofit organizations, to provide essential services to our elderly population.

To help plan, coordinate and administer these services, the city established the Oficina Gericola de San Juan, the San Juan Aging Office, located within the city's Department of Human Resources. In addition, our many health centers, including the San Juan Municipal Hospital, serve all members of the city's population, including the elderly. Approximately 250 persons are employed directly in the city's aging office, including those persons actually working in the aging centers.

I would like to briefly outline to this committee the sources of funding for these programs.

The city of San Juan's total current budget for aging related programs is about $2 million. This represents a 22-percent decline in funding over last year's budget of $2.4 million. Of this amount, $1.8 million is supported with Federal funds, with the remaining supported by local funds, obviously due to our budgetary limitations.

Our direct Federal funding of programs comes from several agencies. We receive $529,434 from the CSBG, Community Services Block Grant, administered by the commonwealth government. A total of $160,000 from the city's Community Development Block Grant is earmarked for aging programs. In addition, the city administers Federal funds granted to us indirectly through the com-

monwealth government, including title III Older Americans Act programs, about $1 million; and two ACTION programs: The Foster Grandparents program and the Retired Senior Volunteer program.

I would like to point out that of the city's total budget, 48 percent of all locally generated revenues which is about $49 million, is used to support our Department of Health programs. This large commitment to health is essential in San Juan because Puerto Ricans are not eligible for medicaid assistance in the same manner as their fellow U.S. citizens in the States. If the Congress were to provide equal treatment for the residents of Puerto Rico under the medicaid program as well as other social income programs such as AFDC and supplemental security income, we would not have to utilize such a large proportion of our locally generated revenues for health care and could use these moneys to support other social and service programs, including those targeted toward helping our urban elderly.

The 22-percent reduction in our aging programs during the current year has resulted in decreasing our ability to provide essential services to our elderly population. We have already closed one aging center, reduced by 38 percent our contribution to delegate agencies that provide services to the aged and reduced the overall number of personnel involved in our aging programs. We have also reduced expenditures relating to materials, supplies and equipment for our various centers.

I expect that the city will have to further reduce essential services during the coming fiscal year due to anticipated reductions in Federal funds.

I am pleased that you, Congressman Vento, are presiding over the House Committee on Aging hearings being held here in the twin cities, in conjunction with the U.S. Conference of Mayors, to listen to the views of mayors on these issues. As urban officials, we have different local experiences with programs for the elderly. But we share a common concern about the current state of the economy, and of the need to bring about a revitalized America through a reduction in inflation and unemployment and through stimulating new economic growth.

Crucial to these goals is limiting Federal deficits.

There is no doubt we will have fewer Federal resources to support our elderly assistance programs in the future. The Community Services Administration no longer exists. Other aging programs under the jurisdiction of the Department of Health and Human Services have faced significant funding reductions. Still others have become the responsibility of State governments, with block grants being administered at the State level.

A related concern which many of us share is the fact that urban areas are not receiving as fair and equitable portion of these funds being disbursed through the State capitals and legislatures. The U.S. Conference of Mayors Committee which I chair has adopted and recommended resolutions expressing the need for pass-through mechanisms to those local governments—as San Juan—which have the capacity and commitment to conduct programs targeted toward the elderly population.

As you may know, I expressed this concern to this committee during the hearings held in San Juan last September. I would like

to take this opportunity to do so again, and to insert for the record the current USCM policy—U.S. Conference of Mayors—on this subject, as well as the resolution adopted by the resolutions committee yesterday and to be voted upon by the full membership on Wednesday.

These are the resolutions.

Mr. VENTO. Without objection, mayor, they will be made part of the record.

Mr. PADILLA. Thank you.

I would like to conclude my remarks here today with a brief discussion of the need to strengthen the delivery system of essential services to our urban elderly population. This is an especially important subject to discuss at this time, given the fact that Federal resources are likely to be reduced in the upcoming fiscal years. We must work to cut unnecessary administrative costs which drain limited financial resources.

There is little doubt there currently exists a critical need to develop a more efficient and streamlined delivery system to provide services to the elderly at the local level. At the present time, a great deal of fragmentation exists between the various levels of government involved in the provision of these services, Federal, State, local, area agencies on aging, and even private agencies.

The Conference of Mayors has recently been reviewing alternatives that would consolidate and streamline the present delivery system, both at the Federal and local levels. One such alternative we believe is worthy of discussion and further study is to consolidate all existing Federal programs in an upgraded Administration on Aging. At the local level, Federal resources should pass through the State governments to be administered by an upgraded area agency on aging. These consolidated funds would provide for the provision of all aging and elderly-related programs and services at the local level, excluding the income maintenance programs.

A change in the administrative structure of aging programs as outlined herein would reduce the extensive fragmentation that currently exists among those levels of government currently providing services to the elderly population. In addition, it would reduce duplication of services within geographical areas and would eliminate turf barriers and other constraints that currently result in minimizing the effectiveness of Federal resources at the local level.

The Conference of Mayors will continue to provide guidance to this committee and to the Reagan administration on the administration of aging programs. We have estimated that two-thirds of all persons 65 years and older in the Nation live in urban areas, and more than 50 percent of them live in central cities. The need for greater attention to our urban elderly is crucial, given changes in demographics, problems with the viability of the social security system and other special concerns.

We look forward to working with your committee in the months ahead to formulate effective policy and programs that will result in most efficient use of Federal resources to provide needed and essential services to our urban elderly population.

Thank you.

[The prepared statement, with attachments, of Mayor Padilla follows:]

PREPARED STATEMENT OF HON. HERNAN PADILLA, MAYOR OF THE CITY OF SAN JUAN, PUERTO RICO

Mr. Chairman, and members of the House Select Committee on Aging:

My name is Hernan Padilla, and I am the Mayor of San Juan, the capital and largest city of Puerto Rico. I am currently serving my second four-year term as Mayor. In addition, I serve as the Chairman of the U.S. Conference of Mayors' Health, Education, Employment and Human Services Committee. Issues involving the urban elderly lie within the jurisdiction of this Committee in the Conference.

I am pleased to have the opportunity to present to you today a brief outline of the status of our City's elderly population and the services we are currently providing to our senior citizen population.

I would like to begin by providing you with some basic and general information about San Juan. It has an estimated 1980 population of 564,000. It covers a land mass of 47 square miles. It represents 17 percent of Puerto Rico's total population and more than half that of the San Juan metropolitan area. San Juan is the island's major economic, commercial, cultural and service center.

A few other statistics are also important: San Juan has an estimated per capita income of $7,000 per year; its estimated unemployment level is near 10 percent. Nearly 15 percent of its current housing stock is unsuitable as dwelling units. The City has a number of environmental problems and there is a need for improved infrastructure development in several areas.

In 1980, San Juan's elderly population (age 60 and above) was estimated to be 67,400. This is approximately 11.9 percent of the City's total population. In addition, it is approximately 18.1 percent of the island's total elderly population, which currently stands at approximately 371,000 persons, a substantial number of whom are low-income persons.

I feel an acute responsibility to providing essential services to this segment of our population. I feel this responsibility to the elderly not only as the City's chief elected official, but also as a medical doctor with a special understanding of the needs and problems of the aged.

Throughout my six years as Mayor, I have made special efforts to provide health and social service-related assistance to the poor, elderly and indigent populations of our City. Much of our work in this area has been accomplished with assistance from the Federal government, through monies legislated by the United States Congress. I would like to describe in some detail the services the City government is currently providing to our elderly population.

We operate a total of 10 centers for the elderly, located at various areas throughout the City with a high proportion of low and moderate income persons. Seven of these centers are located within the City's Multi Service Centers, which provide a broad variety of social services to other segments of our population.

Each of these centers is providing a variety of support services to our elderly population to assist in their efforts to remain in their own home. They include nutrition, social services in coordination with other government agencies, health care, recreation and home health care. Each of the centers is staffed by an average of 10 to 12 persons, including a supervisor, a graduate nurse, five home health aides, a social worker, a food supervisor, one or two cooks, an activity organizer and a maintenance supervisor.

In addition, the City provides personnel support services for a limited number of service centers located in various housing projects under the authority of the Commonwealth (state) government. The City also provides financial support services for two community agencies registered as private, non-profit organizations, to provide essential services to our elderly population.

To help plan, coordinate and administer these services, the City established the Oficina Gericola de San Juan (the San Juan Aging Office), located within the City's Department of Human Resources. These are in addition to those services which are peformed through the City's Department of Health. Our many health centers, including the San Juan Municipal Hospital, serve all members of the City's population, including the elderly. Approximately 250 persons are employed directly in the City's aging office, including those persons actually working in the aging centers.

I would like to briefly outline to this Committee the sources of funding for these programs.

The City of San Juan's total current budget for aging-related programs is $1,934,613. This represents a 22 percent decline in funding over last year's budget of $2,361,880. Of this amount, $1,792,503 is supported with Federal funds while the remaining $142,110 is supported by local funds.

Our direct federal funding of programs comes from several agencies. We receive $529,434 from the Community Services Block Grant, administered by the Commonwealth government. A total of $160,000 from the City's Community Development Block Grant program (administered under HUD) is earmarked for aging programs. In addition, the City administers federal funds granted to us indirectly through the Commonwealth (state) government, including Title III Older Americans Act programs ($939,785) and two ACTION programs: the Foster Grandparent's Program ($135,420) and the Retired Senior Volunteer Program ($27,864).

I would like to point out that the City's total budget, 18.5 percent of all locally generated revenues (or $19 million) is used to support our Department of Health programs. This large commitment to health is essential in San Juan, because Puerto Ricans are not eligible for Medicaid assistance in the same manner as their fellow U.S. citizens in the states. If the Congress were to provide equal treatment for the residents of Puerto Rico under the Medicaid program (as well as other social income programs such as AFDC and Supplemental Security Income), we would not have to utilize such a large proportion of our locally generated revenues for health care, and could use these monies to support other social and service programs, including those targeted towards helping our urban elderly.

The 22 percent reduction in our aging programs during the current year has resulted in decreasing our ability to provide essential services to our elderly population. We have already closed one aging center, reduced by 38 percent our contribution to delegate agencies that provide services to the aged, and reduced the overall number of personnel involved in our aging programs. We have also reduced expenditures relating to materials, supplies and equipment for our various centers.

I expect that the City will have to further reduce essential services during the coming fiscal year due to anticipated reductions in Federal funds.

I am pleased that you, Congressman Vento, are presiding over the House Committee on Aging hearings being held here in the Twin Cities, in conjunction with the U.S. Conference of Mayors, to listen to the views of Mayors on these issues. As urban officials, we have different local experiences with programs for the elderly. But we share a common concern about the current state of the economy, and of the need to bring about a revitalized America through a reduction in inflation and unemployment, and through stimulating new economic growth.

Crucial to these goals is limiting federal deficits. There is no doubt we will have fewer Federal resources to support our elderly assistance programs in the future. The Community Services Administration no longer exists. Other aging programs under the jurisdiction of the Department of Health and Human Services have faced significant funding reductions. Still others have become the responsibility of state governments, with block grants being administered at the state level.

A related concern which many of us share is the fact that urban areas are not receiving a fair and equitable portion of these funds being disbursed through the state capitals and legislatures. The U.S. Conference of Mayors' Committee which I chair has adopted and recommended resolutions expressing the need for pass-through mechanisms to those local governments—such as San Juan—which have the capacity and commitment to conduct programs targeted towards the elderly population. As you may know, I expressed this concern to this Committee during hearings held in San Juan last September. I would like to take this opportunity to do so again, and to insert for the second current USCM policy on this subject, as well as a resolution adopted by the Resolutions Committee yesterday and to be voted upon by the full membership on Wednesday.

I would like to conclude my remarks here today with a brief discussion of the need to strengthen the delivery system of essential services to our urban elderly population. This is an especially important subject to discuss at this time, given the fact that Federal resources are likely to be reduced in the upcoming fiscal years. We must work to cut unnecessary administrative costs which drain limited financial resources.

There is little doubt there currently exists a critical need to develop a more efficient and streamlined delivery system to provide services to the elderly at the local level. At the present time, a great deal of fragmentation exists between the various levels of government involved in the provision of these services—Federal, state, local, Area Agencies on Aging, and even private agencies.

The Conference of Mayors has recently been reviewing alternatives that would consolidate and streamline the present delivery system, both at the Federal and local levels. One such alternative we believe is worthy of discussion and further study is to consolidate all existing Federal programs in an "upgraded" Administration on Aging. At the local level, Federal resources should pass-through the state governments to be administered by an "upgraded" Area Agency and Aging. These

consolidated funds would provide for the provision of all aging and elderly-related programs and services at the local level, excluding the income maintenance programs.

A change in the administrative structure of aging programs as outlined herein would reduce the extensive fragmentation that currently exists among those levels of government currently providing services to the elderly population. In addition, it would reduce duplication of services within geographical areas, and would eliminate "turf" barriers and other constraints that currently result in minimizing the effectiveness of Federal resources at the local level.

The Conference of Mayors will continue to provide guidance to this Committee and to the Reagan Administration on the administration of aging programs. We have estimated that two-thirds of all persons 65 years and older in the Nation live in urban areas, and more than 50 percent of them live in central cities. The need for greater attention to our urban elderly is crucial, given changes in demographics, problems with the viability of the Social Security System and other special concerns.

We look forward to working with your Committee in the months ahead to formulate effective policy and programs that will result in most efficient use of Federal resources to provide needed and essential services to our urban elderly population.

Thank you.

Block Grants for Health and Human Services

Whereas, the U.S. Conference of Mayors has consistently supported the concept of block grants as a mechanism for providing federal funds; and

Whereas, the Administration has proposed a series of block grants to the states for health and human services programs as well as other program areas and is contemplating the development of additional block grants; and

Whereas, Mayors are concerned about how responsive the block grant proposals for health and human services will be to the needs of urban residents because the requirements placed on the states are minimal, and the funding for the programs is significantly reduced: Now, therefore be it

Resolved, That the U.S. Conference of Mayors supports the establishment of block grants in areas such as health and human services if they include the following provisions:

The granting of funds directly or through the states to local governments of appropriate size with a demonstrated service delivery capacity which wish to receive them;

The involvement of local governments in the planning and resource allocation process so that locally identified needs can be taken into account;

An adequate level of funding, not below the current services level for the programs, included in the block grants;

Maintenance of effort and measures to avoid significant disruption of existing programs;

The allocation of funds among and within the states based not just on population but targeted to need and the population in need of service;

Eligibility requirements to ensure that the people served through the block grants are in need;

Assurances that state administrative requirements will not be onerous and a five to ten percent limit on the administrative costs that can be incurred;

A transition period during which the block grants can be implemented;

The collection of data to enable annual monitoring and evaluation of the block grants by the federal government to assure that the funds are properly spent;

A more logical grouping of programs which at a minimum combines programs whose purposes are related and maintains a federal response to particular national problems; and

The consolidation, rather than repeal, of existing legislation so that critical needs will continue to be met.

Older Americans Act, Proposed Resolution No. 26

Whereas, nearly two-thirds of older Americans reside in urban areas, have long commitments to their communities, and constitute a community resource; and

Whereas, some elderly require community activities and support services to remain an active part of their community, and many cities have established an

office on aging, senior centers and support programs to assist the elderly in remaining in their homes; and

Whereas, the present administrative system for many federal programs which may benefit the elderly is often fragmented, uncoordinated, and ineffective in meeting the needs of older citizens; and

Whereas, the Administration has proposed fundamental changes in the provision of human services through reductions of federal funding, block grants, and the shifting of administrative responsibility to state governments and it is increasingly important for cities to be able to respond effectively to the local impact of federal funding cuts and administrative changes, as well as to the needs of their older citizens; and

Whereas, the 1981 White House Conference on Aging recognized the need for greater coordination of services for the elderly and supported the reauthorization of the Older Americans Act for the planning and coordination of services for Older Americans: Now, therefore, be it

Resolved, That the U.S. Conference of Mayors supports the Older Americans Act at full funding as a separate categorical program and as a mechanism for the planning and coordination of programs for the elderly; be it

Further Resolved, That alternative administrative systems be promoted to streamline and strengthen the present "aging network" to ensure greater local accountability and flexibility in developing local programs; and be it

Further Resolved, That cities be assured local options in the designation and structure of the Area Agency on Aging which will facilitate greater public-private collaboration in serving older citizens.

Projected Cost: No additional funds requested.

Mr. VENTO. Thank you, Mayor, and we will now hear from the current president of the U.S. Conference of Mayors, Mayor Helen Boosalis of Lincoln, Nebr.

STATEMENT OF MAYOR BOOSALIS

Ms. BOOSALIS. Thank you, Mr. Chairman, for time to attend this hearing on aging.

My name is Helen Boosalis, mayor, Lincoln, Nebr. The opportunity to address your committee and its very important work on behalf of our older citizens is most appreciated.

My fellow mayors, Buhai and Padilla, have expressed in no undertain terms the needs and concerns of the elderly and the concerns of mayors across this country and the continuing need for programs for the elderly.

Apart from my interest in this area as president of the U.S. Conference of Mayors, I wish to speak to some serious concerns I have as mayor of Lincoln, and the distressing impacts on our local senior citizens due to recent shifts in Federal aging programs.

I am sure I don't have to elaborate for you the demographic changes in our population that is presenting us with burgeoning members of elderly, especially the more advanced aged, those in their 80's and beyond, except to say that the national demographic trends are even more pronounced in Nebraska. We are experiencing a doubling, a 100-percent increase in those aged 85 and above in just the 20-year period, 1970 to 1990.

Obviously, this particular group of aged has a high incidence of need for supportive health and social services. I can say with pride that Lincoln is one community where we have responded both publicly and privately to the challenge of providing services to these people on a dollar-for-dollar basis, more than matching the Federal categorical grant programs, using our own discretionary funds, particularly our general revenue sharing entitlements for these services. Specifically, in this current budget year in the city of Lincoln,

a city of 172,000 people, the city contributes $573,000 to these services.

Unfortunately, the partnership that has been established is eroding. The current administration and Congress, to some extent, seems to be telling us that the care of the elderly and their quality of life are not Federal responsibilities.

We are experiencing reductions in title III of the Older Americans Act by 10 percent. Title V is proposed by the administration to be eliminated entirely. That means 30 older low-income part-time workers in Lincoln alone will lose their jobs and the income that makes them self-sufficient. In turn, they will become eligible for unemployment compensation, food stamps, medicaid, and other forms of public dependency. With that scheme, the general public is the double loser. Not only do we burden other public forms of assistance, we no longer have the benefit of these people working in the public and private nonprofit service sector.

Title XX has been the bellwether of human service program cuts in our community. Is it not a cruel irony, in a nation founded on the principles of equality and justice, that our national leadership would look first to the poorest of our society to remedy economic blunders and excesses? Title XX puts hot nutritious meals into the homes of shut-ins, delivered by volunteers, not only in Lincoln, but in communities across this land, I might add. Title XX funds fix the rotten porch steps for the elderly widow and sends a homemaker once or twice a week to the home of the 90-year-old couple who need that little extra help to avoid losing their fragile independence to the threat of institutional care.

These services have been cut back 4.5 percent since last year and are on a continuing downward trend. Can we really be so pennywise and pound foolish?

Our Nation cannot so easily escape the public responsibility of caring for our oldest citizens. The notion that the private and voluntary sectors can absorb this increased responsibility is overly simplistic. Those sectors already provide 75 percent or more of the long-term care for older persons as documented by the Federal Government's own studies, including one by the Congressional Accounting Office. I do not advocate for government to do what people can do for themselves. In fact, I believe strongly in government acting in ways to enhance self-help and citizen participation in public ventures. Our older citizens, especially our oldest citizens, are one segment of the population that should be able to count on their government to be there when they have needs and happen to have outsurvived their natural support structure.

I thank you, Congressman Vento, for this opportunity once again.

Mr. VENTO. Thank you, Mayor Boosalis.

Before I start asking questions, let me first say that we are pressed for time today and there is a large number of mayors that want to testify. We want to accommodate all of them. But I know we've had two chairmen of important committees that have worked hard—that's very evident from the quality of testimony that you have provided for this subcommittee today. We're very grateful for your input because if we are going to be successful in dealing with these problems, we must have good interaction be-

tween the national and local levels. Congress can provide the right program concept, but local officials must make the right decisions that will win the public's acceptance and support and meet those needs that we all want to address.

One of the concerns that has been expressed, Mayor Boosalis, is the issue of social security. Perhaps, in a social service discussion, one would think that has little or no place but my concern here is that social security is often called the only program that has not been touched or taken its fair share of cuts. Is it safe to assume that the other cuts in social services have already disproportionately impacted older Americans in Lincoln, Nebr., and across this country and therefore cuts in social security really would be taking away from the same group?

Ms. BOOSALIS. Well, the conference, itself, has not taken a position. In theory, our position is that we need to be able to meet the needs of the elderly. Just this morning in addressing our conference, our annual meeting, our plenary session, I did a history of the 50 years of the conference and going back to the depression years of the 1930's, which was the reason our conference was formed in the first place, it was of interest to note that if you took the number of people at that time, the number of poor, the number of distressed, and translated inflation, brought everything up to date, that two out of three people, at that time, would have been classified as under the poverty level.

In this time, thanks to programs like social security and other programs for the elderly, that's not so. The condition of the elderly has, indeed, improved. But just because the condition of the elderly has improved because of social security and other programs doesn't mean that we should now reduce the kind of support that is necessary to keep the elderly independent, which includes all forms of income for them.

Mr. VENTO. Thank you.

Mayor Buhai, you pointed out in your testimony that many of these programs are focused at the State level and that they don't get down to the local communities in some instances. What can be done to correct that?

Mr. BUHAI. Well, I figure if we knew the answer to that we would have a lot more effective programs.

I believe that legislation has to be passed by Congress which will give the option to cities, even smaller cities, to receive Federal funds for aging programs directly, if they can prove that they can administer their own aging programs and that those aging programs are effective. The Conference of Mayors, which represents cities of population of more than 30,000, has long supported this position. And, in fact the Committee on Health, Education, Employment and Human Services yesterday reported a policy position on this matter, to be considered by the full membership tomorrow. The committee has developed a concept paper on this approach which we can insert for the record. I know many cities that do have those programs and it would be a marvelous way for us to reach the elderly with Federal funds.

Mr. VENTO. One of the problems of course, is the block grant concept which distributes the money to the States and then lets the States make the decisions. What we need, I think, in order to do

that is a better accountability system, one which is streamlined and not a lot of red tape; wouldn't you agree to that?

Mr. BUHAI. Absolutely. One of the precepts that we are basing our whole program on is to streamline the delivery system through the States and to the cities. But I have to wait to see it happen.

Mr. VENTO. Let me just proceed with one more question before I depart from that point.

Are the cities, States, and counties in a position to pick up the responsibilities in the event the National Government were to cut back further on many of these programs that affect the elderly in a meaningful way?

Mr. BUHAI. All the States that I know about and all the counties that I know about are pressed terribly for funds and somehow along the line of trying to pass through those funds to the cities, I am afraid that they would be utilizing some of those funds for other State functions.

Mr. VENTO. Mayor Boosalis has a comment on that.

Ms. BOOSALIS. But even the States that are not that hard pressed, and more States are now hard pressed than they were 1 year or 2 years ago, even in the States that are not hard pressed, we haven't seen any great indication that there are great additional dollars coming forth in the States to assist the cities in dealing with their problems.

The additional problem the local government has is that they cannot by themselves increase their revenues to the extent that they can meet their needs. Many States have lids imposed on them by State legislatures. Most cities can only get revenue resources that have been given to them as creatures of the State by the State.

So these are the problems that we face. It seems to me that the cities which have traditionally been the area of government that has delivered services—not the States. It should be the cities who should be more directly affected, more directly involved, should be the beneficiaries of the dollars so they have the ability to continue the delivery of services.

It seems to me it would be rather futile to create a whole new layer of government to do what we have been able to do very satisfactorily across this country.

Mr. VENTO. Should we expect more, Mayor Boosalis, from the private sector in this area? That is one of the harbingers of correcting some of the issues. Couldn't the private sector do more? And are they doing more in light of the cutbacks that have occurred?

Ms. BOOSALIS. We're trying very hard and there are many efforts ongoing to increase the support of the private sector. But I think the private sector as well as the public sector recognizes fully that there is no way that the private sector can close the gap that is being created by the Federal budget cuts. No one expects that to happen, realistically, and it cannot happen no matter how much we try.

Mr. VENTO. That certainly agrees with the survey that has been taken in which 5 percent of communities report that they have met new needs through that private sector help that is very important and we give them credit for it. But 95 percent suggest they have not been able to make it. Mayor Padilla has pointed out the signifi-

cant population of elderly in his community. You might want to explain to the committee why you have such a large elderly population and comment, if you would, on the private sector initiative.

Mr. PADILLA. We are now depending on the private sector for so many things. First of all, the private sector itself is in a recession so they do not have extra funds to donate. However, my city will go and ask for donations for the arts and they will give it, ask for donations for the sports, and they will give. We are asking for donations for so many things, they really do not have more to donate or even help out with their personnel. So how much more can we milk the private sector? I do not know. As far as the population in San Juan, P.R., health services has improved so much that the average lifetime in Puerto Rico is much more than the average lifetime in the United States. Obviously we have many more older people than the average State in the States. Puerto Rico used to have a high population increase a few years ago. Then we were able to reduce birth rate. So by reducing the birth rate, those who were born some years ago will get old sometime. And that is what is happening now. We just have much more than the other side.

Mr. VENTO. Well, Mayor, you have spoken eloquently to the health problems and so forth, and all of you have done a very good job of presenting the views of the members of the conference.

We're indebted to you for your participation and look forward to working with you as we try to solve these questions of national priority.

Thank you all for being here.

The next panel may come up now. I know they've been patiently waiting and I want to thank them for that.

First of all, this next panel includes Mayor Henry Cisneros, San Antonio, Tex.; Mayor Margaret Hance, Phoenix, Ariz.; Mayor Doug DeGood, Toledo; Mayor Frank Duci, Schenectady, N.Y.; and then finally, I am going to include Mayor Richard Fulton from Nashville, who has made a request to testify. We will try to speed things up the way we do in Congress when we get behind—that is we will implement a 5-minute rule. Also, we would like you to summarize your statement, if you have a long statement. If you have a short one, you probably can read it. We will try to get the relevant information here and proceed in such a timely manner so that we do not unnecessarily detain all of you and the other witnesses that are here.

We'd like to go through the entire sequence of testimony and then, perhaps, get into some discussion as I did with the last panelists.

Mayor Cisneros.

PANEL TWO, CONSISTING OF HON. HENRY CISNEROS, MAYOR, SAN ANTONIO, TEX.; HON. DOUG DeGOOD, MAYOR, TOLEDO, OHIO; HON. MARGARET HANCE, MAYOR, PHOENIX, ARIZ.; HON. FRANK DUCI, MAYOR, SCHENECTADY, N.Y.; AND HON. RICHARD FULTON, MAYOR, NASHVILLE, TENN.

STATEMENT OF MAYOR CISNEROS

Mr. CISNEROS. Congressman Vento, thank you very much for the opportunity of appearing before you.

I want to begin by thanking you and congratulating you for the effort that you are making in trying to hear from the mayors and being so considerate to do this in a way that is so convenient to the mayors at the U.S. Conference of Mayors meeting.

I am particularly delighted to be here while Congress continues to debate the Federal spending and administrative changes, including the block grant program, and to be able to share with you the experience of my city and our views on these issues.

The city of San Antonio is the principal funding agency for two separate elements in the community of service providers to senior citizens. The first is the city's department of human resources and services. And the second is a grouping of about 30 different outside agencies that the city finances. Within the city's own department, there has been a strong history of Federal and State level contributions to direct service program operations such as elderly programs and the homemaker program. The program support is now expected to decline and other Government funding for city operations would be gradually depleted. The city therefore has increased its commitment to social service agencies outside the city's structure.

During the past year, the city decreased its appropriation to its own department by 4 percent. The second part of it, which is the outside agencies, we have actually increased by 53 percent our funding of outside agencies that provide social services.

San Antonio was the first city to establish a central operations facility as part of the local government's structure. The metropolitan office on aging is part of the city's department of human resources and services and operates a comprehensive efficient program, operates a supportive service program for the elderly which provides transportation and a senior community service employment program which provides 121 part-time jobs for senior citizens.

Federal funds to our city are channeled through the newly created Texas Department on Aging, and this is a structure that uses something called the area agency on aging in our area. Demographically the difference in population of the elderly between 1970 and 1980, produced some notable observations. One of them was an increase in the number of so-called frail elderly, the older older person. In April of 1970, the population of persons aged 65 or older was 7.4 percent of the city, or 62,000 persons. The increase in persons age 65 years of age or older by 1980, has increased to 10.7 percent of the total county population. A real increase of from some 62,000 to 105,000 people. Part of the reason why this is occurring is that there has been a significant in-migration of minority persons to our city so that there are large numbers of persons who are not only elderly but poor. Another fact is that there has been a disproportionate increase in the number among the elderly who are women. In the broadest of terms, we know that women tend to live longer than their male counterparts and we rightfully anticipate a larger female population among the elderly. Also it is clear that women have not historically had the same opportunities to earn the incomes that most men have acquired nor to qualify for pension benefits. As a result, it is clear that the income resources of those individuals—more women elderly than ever before—are not sufficient for their needs and that the supportive services will be required to maintain them in their older years.

Now, as we begin to analyze some of the proposals that are presented in the Congress, our Governor in Texas has taken a wait-and-see attitude to see what those proposals will reflect. It is clear that Texas, as a result of the swaps that are being proposed, would have lost $208 million if it had gone into effect in 1981, and $171 million if it had gone into effect in 1980.

Because of the future significance of the New Federalism, I would like to begin to winddown by indicating to you four or five themes, if you will, that I think are going to be important in this relationship between the Federal Government and the State and the cities. One of them is that I think the cities, as you have heard already from the mayors who have spoken, definitely want to participate in whatever statewide decisionmaking processes are set up.

San Antonio already jointly cooperates with various levels of government but it is clear that we must do more of that.

A second dimension is coordination. In the future we in San Antonio are going to be using new technology to create a comprehensive directory of local services. United Way in San Antonio will participate in that project. We are looking forward to simplified and mutual planning documents for social services delivery. Reduced funding has prompted the creation of a coalition for day care, for example, that will have to be duplicated for senior citizens.

The third issue is consolidation of services where necessary, especially when one considers the increasing cost of administration. The costs are considerably greater than some would have us to believe when we consider the costs of multiple levels of administration.

In my own city I have seen the gradual consolidation of programs over the course of the last few years. An example of consolidation is that the city of San Antonio is one of five programs operating a State funded, city administered program that promotes self-help skills on the part of the elderly in the community.

The fourth theme, if you will, that I think will guide us as we go forward is increased city support. The city of San Antonio has already provided more than $7 million in funds generated from local taxes to support social services this fiscal year for both day care and mental health programs. The city assumed greater funding during the budget year and I think it is clear that we are going to have to do that with respect to services for the elderly, as well.

The final theme that I would mention is that there would have to be a greater dimension of citizen involvement on the part of organizations that represent the elderly. The impetus for State and local involvement of citizens in developing plans for the allocation of resources has become even more necessary with the passage of the Reconciliation Act of 1981, which mandates that there be citizen participation in the development of the fiscal year 1983 State plans for use of the new block grants in the health and human services area.

The reason for obtaining citizen input into this decisionmaking process is the President's own statement that the main purpose of the block grant is to return more responsibility to the people who use those programs and to those who are responsible for funding. And we feel that if we are going to take more responsibility for

funding, not only do we have to have a greater voice at the State level, but we want to give our own citizens a greater voice in how those programs are decided.

There will be critical questions the citizens will have to answer such as what alternatives exist? What programs are duplicative? Which should be consolidated? What programs can be supported with local funds? Which programs best serve the local population and which provide the most necessary services as we go about setting priorities.

In closing I would say that the local municipal government has the structure and the placement in our society to be a logical choice for providing the confluence of ideas that will have to go into creating the effective structures.

The city of San Antonio has proven to be an efficient provider of direct service programs in partnership with other governmental levels. We have increased our support of local programs to mitigate the effects of Federal reductions and we will continue this participation. However, we cannot do it if we are not given a structured voice in the decisions of the state.

Thank you very much for your attention today and your kind reception. I look forward to being available to you at this session or any future session with respect to some of these issues.

Mr. VENTO. Thank you, Mayor.

[The prepared statement of Mayor Cisneros follows:]

PREPARED STATEMENT OF HENRY G. CISNEROS, MAYOR OF SAN ANTONIO, TEX.

Congressman Vento the House Select Committee on Aging and the United States Conference of Mayors, it is a pleasure to come before you and to be able to present testimony on the local impact of services for the urban elderly as a result of federal funding cuts and administrative changes. I am particularly delighted to be here while Congress continues to debate federal spending and administrative changes, including block grants, and to be able to share with you the experience of my city and our views in this arena.

It is our purpose to plan for San Antonio, to discern the future and prepare for the loom of history as it prepares to weave all of us into its fabric. In doing so, San Antonio is determined to impact the changed circumstance and construct a future for our elderly citizens that includes the maintenance of current services and the possibility of growth in needed, identified service areas.

The City of San Antonio is the principal funding agency for two discrete elements in the community of service providers in San Antonio: the City's Department of Human Resources and Services and thirty Outside Agencies. Major changes in funding trends are now evident. Within the department, there has been a strong history of federal and state level contributions to the direct service program operations such as elderly programs and the homemaker program. This program support is now expected to decline and other government funding for City operations would be gradually depleted. At the same time, the City has increased its commitment to social service agencies outside the City's structure. During the past year, the City decreased its appropriation to its own department by 4 percent, an administrative decrease directly attributable to management initiatives on the part of the department to reduce administrative costs while maintaining service levels. The appropriation to outside agencies was increased by 53 percent from $2.01 million to $3.07 million.

SAN ANTONIO'S PROGRAMS FOR THE ELDERLY

In Texas, San Antonio was the first city to establish a central operations facility as part of the local government structure. The Metropolitan Office on Aging is a part of the Department of Human Resources and Services for the City of San Antonio and operates three program units: the Comprehensive Nutrition Project ($2,302,038) which serves 3,390 meals per day at thirty-one congregate meals sites and 310 Homebound meals per day, the Supportive Services for the Elderly Project

($283,464) which provides transportation and related support services to the elderly, and the Senior Community Services Employment Project ($589,700) which provides 121 part-time jobs to elderly citizens.

RELATIONSHIP/ROLE OF SAN ANTONIO AND THE AREA AGENCY ON AGING

Federal funds provided for programs for the elderly are channeled through the newly created Texas Department on Aging. This agency has continued the funding structure utilizing the Area Agency on Aging (AAA) concept as mandated by the National Council on Aging. In Bexar County, the Alamo Area Council of Governments, which is the local AAA, directly oversees the expenditure and disbursement of funds to San Antonio's Metropolitan Office on Aging, the single largest program in the state.

IMPACT OF DEMOGRAPHIC SHIFTS IN SAN ANTONIO

The Texas 2000 Project has established that population changes have something curious to say about the elderly in Texas. The elderly and aging population in Texas will increase in total numbers although the median age in Texas is decreasing. We will see more elderly in Texas despite the gradually increasing youth of the total population. Texas is not witnessing the greying of its population.

In San Antonio, we have encountered something slightly different. The difference in the population of the elderly between 1970 and 1980 is most significant in the frail elderly, the older older person. In April of 1970, the population of persons aged 60 and over was estimated at 90,471 persons. This population was but 10.8 percent of the total county population. The population of persons age 65 and older was 7.4 percent, some 62,100 persons. In 1980, we find that the population aged 60 and over has increased in the county to 12.3 percent, an increase in the decade of 1.5 percent. The increase in the number of persons age 65 and older was larger, 3.3 percent; the population had grown to 10.7 percent of the total county population. When we examined the growth in total numbers, the population had in fact nearly doubled, having experienced a 70.5 percent increase. The 65 and older population had grown from 62,100 persons in 1970 to 105,900 persons in 1980.

One factor in the growth of the elderly population in San Antonio has been the increase in the minority population in the past thirty years. In 1950 the City was 39.3 percent Mexican-American. In 1960 the City was 41.4 percent Mexican-American. In 1970 the percentage had increased to the point where a majority of the citizens—52.5 percent—were Mexican-American. Today the current estimate is that the City is 53.7 percent Mexican-American. While the minority elderly population is increasing, there is also a disproportionate increase of women in the elderly population. In the broadest of terms, we know that females tend to live longer than their male counterparts and we can therefore rightfully anticipate a larger female population among the elderly. Also, it is clear that women have not historically had the same opportunities to earn the incomes most men have acquired, nor to qualify for pension benefits. Therefore, it is clear that the income resources of these individuals is not sufficient for their needs and that supportive services will be required to maintain them in their older years.

CURRENT LEGISLATIVE ISSUES

President Reagan, in the State of the Union Address on January 26 of this year outlined three major proposals affecting the block grant agenda. First, the President is seeking further reductions in federal funding for social services and additional restructuring of the block grant programs. Second, the President has proposed a national swap of the Medicaid and AFDC/Food Stamp programs that has generated intense discussion. And lastly, the President has proposed Total Federalism, a plan whereby the states will assume full responsibility for some 43 programs including all the new block grants and the 1983 proposals. The President's New Federalism initiatives are not scheduled to take effect until fiscal year 1984, and consequently, the proposed tradeoff of programs and the new "Super Block Grants" to the states do not directly affect the fiscal year 1983 Budget. The far more pressing problems of the budget for fiscal year 1983 will require greater attention than the new block grants. Within Congress, the new block grants seem to be a less than pressing issue than the old block grants; the budget resolution itself does not seem to call for the authorization of the new block grants

The Medicaid and AFDC/Food Stamp swap and the issue of Total Federalism are two of the most debated public issues in many years. The swap was first proposed prior to the President's budget proposal for fiscal year 1983. The assumption of the

responsibility for Medicaid by the federal government and of the responsibility for AFDC and Food stamps by the states was proposed for fiscal year 1984. This proposal included no information concerning the fiscal year 1983 base budget that would determine the net effects on states of such a swap. Where the proposal is now, is one of the great questions of the current session. The consensus of the negotiating team of governors is that it would require a great deal of work and planning for the program to succeed. The Governor of Texas has had a general wait-and-see-attitude since the first flush of the proposal. The Congressional Budget Office estimates that had the swap been in effect in 1981, Texas would have lost $208 million; if it went into effect in 1980 the loss would be $171 million. What the proposal actually contains will be a product of the compromise necessary to have it accepted by the states. The original proposal that the federal government take over complete administrative and financial responsibility for Medicaid and the individual states accept the responsibility for both the AFDC and Foodstamp program is no longer the issue.

It appears to be Medicaid for AFDC and perhaps some other unknown quantity. Given the current debate around the fiscal year 1983 budget and the Congressional elections this Fall, it is highly unlikely that there will be any definitive action on the swap proposals or the total federalism issues in the near future. We can anticipate extensive discussion of these issues in the public media for a long time to come.

IN CONCLUSION

I would want to repeat only one aspect of this testimony. I would not want to slight the many issues that are being presented, but because of the future significance of state and local relations, I am convinced that the single most important issue is the ability of the local units of government to participate in the state-wide decision-making process. San Antonio already jointly cooperates with various levels of authority, public and private. It is clear that of all desirable traits, coordination is perhaps the most important of all. In the future, we shall be using our new technology to create a comprehensive directory of local services. The United Way of San Antonio and Bexar County will participate in this project. In the future we are looking forward to simplified and mutual planning documents for social service delivery. Reduced funding has already prompted the creation of a coalition of day care service providers in San Antonio that share information and resources.

Consolidation of the social services is necessary, especially when one considers the increasing costs of administration. The costs are considerably greater than some would have us to believe if we consider the costs of multiple levels of administration. In my own City, I have seen the gradual consolidation of programs over the course of the last three years. I don't really believe we could do more in our own arena, but I do see a great opportunity in the consolidation of state-city programs.

At the present time, the City of San Antonio is one of five programs operating a state-funded, city-administered program that promotes the self-help skills of the community. The program saves in multiple ways, not the least of which is the reduced cost of the determination of client eligibility. No longer are our citizens required to submit to multiple intake processes; a simple and unified system promotes greater client services and minimizes administrative overhead. The City of San Antonio has already provided more than seven million dollars in funds generated from local taxes to support social services for this fiscal year. For both day care and mental health programs, the City has assumed greater responsibility for funding in the face of federal budget cuts. Over the past three years, the City of San Antonio has seen its portion of the match for day care funding under the Title XX program increase from 13.2 percent to 26.5 percent and to 34 percent in this fiscal year.

Coordination will of necessity include prioritization of services. All services are not equal; we readily admit the need for a community to organize itself and determine priorities, and have in fact initiated that process in San Antonio.

The impetus for state and local coordination in developing plans for the allocation of resources has become even more necessary with the passage of the Reconciliation Act of 1981. The Reconciliation Act mandates that there be citizen participation in the development of the fiscal year 1983 State Plans for use of the new federal block grants in the health and human service areas. The reason for obtaining citizen input into this decision-making process is President Reagan's statement that the main purpose of the block grants is to return more responsibility for social programs to the local public and private sectors. In light of this, there needs to be some means for identifying how the local public and private sectors can assist in assuming increased financial responsibility. In particular, this effort needs to identify: Which programs are impacted locally by the federal budget cuts? What alternative local funding sources may be able to assume more responsibility for these programs?

Which programs are duplicative? Which programs are unduplicative and need locally based funds? Which programs serve local populations? Which programs provide necessary services? It is a complex package and not one that I would want to develop independently. But I do believe a community can agree on its own best interest if there is truly a process structured to identify these priorities. The local municipal government is the most logical choice for providing this forum.

The City of San Antonio has proven to be an efficient provider of direct service programs in partnership with other governmental levels. The City of San Antonio has, in addition, increased its support of local programs to mitigate some of the effects of federal reductions. Continuing this participation, however, will require a more formal role for the City in the decision-making processes.

Thank you for your attention today and your kind reception. I look forward to meeting with many of you again and discussing these issues in more depth.

Mr. VENTO. We will move along now and ask our questions at the end.

Mayor Hance, it's a pleasure to have you here.

STATEMENT OF MAYOR HANCE

Ms. HANCE. Thank you very much, Mr. Chairman. I also appreciate this opportunity and thank you also for making it so convenient for us.

I will confine my remarks to the Older Americans Act and those social services delivered through the block grant program.

In Phoenix, the 106,000 people aged 60 and over comprise approximately 13.4 percent of the city's population. That demographic is changing, however. Since 1970, the general population has increased by 36 percent, while the elderly population has increased by 44 percent.

For many years, Phoenix city government has worked closely with private agencies and county governments to provide services for senior citizens. The area agency on aging which provides Older Americans Act funds to both city and the county is a private nonprofit agency. In recent years the city and the county had voluntarily allocated funds to the agency to assist with administrative costs and to serve as the local match for Federal funds.

Title XX funding has been administered by State government with planning and the setting of priorities for human services handled by the association of local governments.

As a result of this history of cooperation, Phoenix may have been better prepared than other cities to deal with recent reductions in Federal funds and the shift to block grants. Rather than cut programs across the board, the Association of Local Governments developed a comprehensive procedure to determine which services are most important to achieve goals in the human service delivery system. Programs are evaluated in relation to their abilities to meet basic needs. We realized that we could not spread less money in a growing area and expect to provide effective services.

Priorities were established based upon the collective judgment of local elected officials, professionals in the human services area, service providers and the various groups who need assistance. As a result, services for the elderly have been reduced less than services for other target groups. The city of Phoenix will receive $311,000 less in community service block grant funds next year but reductions in elderly programs will be minimal. We will reduce ours at two of our senior centers but we will essentially maintain existing services.

Since the city cannot currently afford to fill the gap in Federal funding, we must reduce administrative costs at other human resource department programs in order to meet the most critical local needs. Although they did not welcome the reduction in funds, our citizens commission composed of the economically disadvantaged and service advocates made recommendations on which programs could be eliminated and which ones could be reduced and the city council adhered to the commission's recommendation.

The area agency on aging will actually increase the amount of Older Americans Act funds that it contracts out for services this year. The agency has made cuts in administrative areas such as reducing staff benefits and eliminating salary increases this year in order to expand services. As a result of changes in requisitions concerning social service funds, the agency has been able to increase project income by formalizing its voluntary donation system. Senior citizens and their families have responded favorably to this by contributing what they can to the services they receive.

In Phoenix we have a strong tradition of volunteerism but we realize that communities must do even more now. We have accepted the President's challenge to call upon our own resources. We have launched a major communitywide campaign and another one within the city, itself, to increase the number of volunteers and make the public aware of programs which need assistance. The campaign is being led by a coalition of the business sector, the media, the social service sector, and government. My particular mayor's aging advisory commission has taken the leadership in promoting volunteerism and it is expanding remarkably. Our senior citizens use their talents to help each other and to assist their community.

We have had effective management of our limited resources so we have not been as severely damaged as some other areas. We do have one area that is of special concern to us that was mentioned before and that is the title V senior citizen employment program.

If this is absolutely eliminated and the program for the entire State of Arizona is only $1.3 million, the loss is a double one because it would not only create financial problems for 545 low-income elderly, but it would cause the other agencies who hire these low-income elderly to reduce their services. And as you are aware, they are not high-salaried positions but it does keep them employed and gives them a little income plus providing additional services to the agencies that provides these services to the elderly.

We intend to continue to control our costs as best we can. We have concerns like the other mayors about the money going where the people are because that doesn't happen frequently, but things go through the State. I could tell you briefly that Phoenix has 39 percent of the entire population of the State. The largest grant we have ever received in title XX funds was 14 percent. Now it is said that we are not as severely hurt as that would indicate because some of those funds go to those other agencies who, in turn, serve Phoenix residents. But, again, you have the duplication, the administrative duplication at all the agencies that serve and no ability to coordinate or prevent duplication and to get a bigger bag for our buck which we all know we must do down the line.

Thank you very much for this opportunity.

Mr. VENTO. Thank you for your testimony, Mayor.
[The prepared statement of Mayor Hance follows:]

PREPARED STATEMENT OF MAYOR MARGARET T. HANCE, PHOENIX, ARIZ.

Mr. Chairman and members of the subcommittee on Human Services, thank you for the opportunity to present my comments concerning the impact of the federal budget on programs for the urban elderly.

My comments will be focused on programs funded through the Older Americans Act and the Social Services Block Grant. As you know, these programs comprise only a portion of the support system for needy elderly. The status of Social Security, Medicare, transportation and federal housing programs are of vital concern to the elderly. Government's task at the national and local levels is to manage limited resources efficiently, but with compassion, to insure that basic needs are met and that senior citizens have the help they need to live independently and with dignity.

In Phoenix, the 106,000 people age 60 and older comprise approximately 13.4 percent of the City's population. Since 1970, the general population has increased by 36 percent while the elderly population had increased by 44 percent.

For many years Phoenix City government has worked closely with private agencies and county government to provide services for senior citizens. The Area Agency on Aging which provides Older Americans Act funds to both the City and the County is a private nonprofit agency. In recent years, the City and County have voluntarily allocated funds to the agency to assist with administrative costs and to serve as local match for federal funds. Title XX funding has been administered by State governments, with planning and the shifting of priorities for human services being handled by the association of local governments.

As a result of this history of cooperation, Phoenix may have been better prepared than other cities to deal with recent reductions in federal funds and the shift to block grants. Rather than cut programs across the Board, the association of local governments developed a comprehensive procedure to determine which services are most important to achieve goals in the human service delivery system. Programs were evaluated in relation to their abilities to meet basic needs. We realized that we could not spread less money around a growing area and expect to provide effective services. Priorities were established based upon the collective judgment of local elected officials, professionals in the human services areas, service providers and the various groups who need assistance. As a result, services for the elderly have been reduced less than services for other target groups.

The City of Phoenix will receive $311,000 less in Community Service Block Grant funds next year, but reduction in elderly programs will be minimal. We will reduce the hours at two of our senior centers, but we will essentially maintain existing services. Since the City cannot afford to fill the gap in federal funding, we must reduce administration costs and other Human Resource Department programs in order to meet the most critical local needs. Although they did not welcome the reduction in funds, our citizens commission, composed of the economically disadvantaged and service advocates, made recommendations on which programs could be eliminated and which ones could be reduced. The City Council adhered to the commission's recommendations.

The Area Agency on Aging will actually increase the amount of Older American Act funds it contracts for services. The agency has made cuts in administrative areas, such as reducing staff benefits and eliminating salary increases this year, in order to expand services. As a result of changes in regulations concerning social service funds, the agency has been able to increase project income by formalizing its voluntary donation system. Senior citizens and their families have responded favorably to this by contributing what they can for the services they receive.

In Phoenix, we have a strong tradition of voluntarism, but we realize that communities must do even more now. We have accepted the President's challenge to call upon our own resources to help people in need. The return of voluntarism as an equal partner with government and the professional service sector is important to our success in addressing social problems. My community has launched a major campaign to increase the number of volunteers and to make the public aware of programs that need assistance. The campaign is being led by a coalition of the business sector, the media, the social service sector and government. The Mayor's Aging Services Advisory Commission has taken leadership in promoting voluntarism among senior citizens. Senior citizens in Phoenix are not there just to enjoy the sun. They use their talents and their time to help each other and to assist their community.

It appears that the Area Agency, City government and the smaller nonprofit agencies that provide direct services have become more efficient in managing limited resources in an effort to preserve necessary services. Most agencies are at bare bones budgets now. Inflation combined with a steady growth in our elderly population can produce serious problems in the future if federal funding does not increase at a reasonable rate to support essential services.

One area is of special concern now—funding for the Title V senior citizen employment program. The City and many service agencies have been able to maintain and expand services because they have had Title V employees. The program for the entire state of Arizona is only $1.3 million. Loss of these funds not only would create financial problems for 545 low-income elderly, but also would cause agencies to reduce services.

My remarks to this point paint a relatively positive picture of how Phoenix has responded to the New Federalism in the area of social services for older Americans. We have controlled administrative costs and improved program management in order to maintain services. We have expanded public-private partnerships to share resources, develop alliances for cost saving, reduce duplication, delienate responsibilities and increase voluntarism. All of these actions will continue, but I have concerns about what I consider flaws in the block grant system.

I support the block grant approach, but I have stated since the beginning that cities should have clearly defined authority in determining how money shall be spent in their communities. Just as Phoenix needs differ from those in other cities in the country, our needs differ from other cities in Arizona and from the rural areas. Although we have fared well these first two years, the present system does not provide safeguards for urban areas. There are no assurances that cities will receive their fair share of limited federal funds for needed services. The distribution of social services in urban areas should not be a subject for political controversy between mayors and governors. The system can cause unnecessary political tug-of-wars to develop between urban and rural interests and between municipal and state governments. We cannot afford to replace federal bureaucracies and red tape with complicated and costly state bureaucracies.

The money should go where the people are. That is why I have advocated that block grants include direct pass-through provisions for cities or provide distribution formulas based on population. Cities are well equipped to manage these programs. We have done so in the past. We request that you give careful consideration to modifications in block grant programs which will guarantee urban residents an equitable proportion of the funds available and return decisionmaking responsibilities to local governments. We believe this is in the best interest of the elderly and other groups who need assistance.

In Phoenix, we will make every effort to support the New Federalism programs and federal plans to reduce inflation. We believe these are vital to our country and that we share the responsibility for achieving these goals. Inflation must be reduced and brought under control. It is a major source of our problems and deals an especially sharp blow to the elderly and others who live on fixed incomes. Rapidly rising costs place a severe strain on the elderly and force many of them to seek additional assistance from government and nonprofit agencies. We realize that the solutions are not simple and cannot be accomplished overnight. We want The President and Congress to know we will struggle through difficult times to achieve economic stability that will provide a better future. But, we ask that you give cities a fair chance to work with you.

Thank you.

Mr. VENTO. Mayor Duci.

STATEMENT OF MAYOR DUCI

Mr. DUCI. Thank you very much, Congressman, for allowing me, as well, to have the opportunity to speak on behalf of the Older Americans Act.

I am the mayor of a city that has a population of about 70,000 people. It's an old city, dated back to 1690, and it's a very exciting city. As a matter of fact, it's known as the city that lights and powers the world, with General Electric having its largest plant in the city of Schenectady.

However, in spite of all that historical significance, there are some problems and I speak very specifically today on the Older Americans Act as it has to do with the nutrition program, senior citizen centers and the senior aid program.

Senior citizens in Schenectady are very, very active. They are volunteers in a variety of community-oriented areas. They get themselves involved in the neighborhood watch programs. They are involved in senior center crafts, nursing home aides. They are also vitally involved in the very important areas of nutrition, the senior citizen center activities and senior aid programs.

Not so many years ago, and I have been in government for 22 years, I can recall many years ago when senior citizens would retire to a rocking chair, but not so today. They are active and as I have said, they are community-oriented and they are very knowledgeable and they are a great lobbying force as well. I think we all respect that as elected officials.

Mr. VENTO. We will stipulate to that, Mayor.

Mr. DUCI. I think the Older Americans Act has done a great deal to restore the dignity that senior citizens justifiably are entitled to as the backbone of our Nation, going back to 1776. They always have been and they still are. And I think all of us as elected officials, through front-ending programs such as I've discussed, the nutrition, senior aid, senior citizens activities, we are able to take and make them a part of our community and provide the dignity that they are entitled to.

I am pleased in talking with Mr. Angrisani from the Department of Labor that there is a continuing resolution as throughout 1982, beyond September 1982. But that really doesn't insure that there will not be some cuts in 1983, and I think that's what we're concerned about and that's what I am specifically concerned about, particularly in the three areas that I discussed.

In part, I think most senior citizens are independent. Those that do have social security benefits and maybe a little nestegg, good pension, and so forth as a result of their hard work and their spouses' hard work, they are able to provide for themselves. But there are many 65 and over that are not able to take care of and provide for themselves and that's the area I specifically address for the people of Schenectady.

I think many of them look forward to retirement and going to Florida, et cetera, but many who retire over 65 have much anxiety, concern over financial problems and they become a little bit depressed.

I just want to read into the testimony—and I was told here a 5-minute testimony and I limited it to a 5-minute testimony and ad libbed the rest.

The Older Americans Act has been by far the most productive senior citizens program I have ever seen in my 22 years of public office.

The nutrition program is one example of senior citizen productivity, providing inexpensive nourishing food, transportation, shopping assistance, and counseling, to mention a few, have not only enhanced the well-being of all senior citizens but more importantly, have helped restore confidence in seniors and prevent institutionalization.

Schenectady's senior citizen center wherein there are more than 3,800 members and their friends, work hand in hand on a variety of 60 or more exciting programs and activities and that is dependent on the counseling aspect of the Older Americans Act. While the members raise more than 50 percent of the $300,000 required to keep the senior citizen center open, the balance must come from the city of Schenectady, United Way, and the Older Americans Act. The senior citizen center and the nutrition program would be in serious jeopardy without front-ending the Older Americans Act for these programs.

The senior aid program under the direction of a young woman, 24 years old, has been functioning beautifully in Schenectady. Over 90 senior citizens each year have been working in many productive community-oriented areas. The program has helped restore dignity to seniors who would otherwise be on welfare. The seniors are happy to be in the work force. They perform quality service at little cost for a variety of public and private sectors.

The elimination or curtailment of this program would be a step backwards. Seniors with little or no motivation would have to retire to a rocking chair and welfare assistance. Certainly that isn't progress.

The senior citizens represent a major force in America. They are active, knowledgeable and organized. They have been and still are the backbone of our heritage.

I just urge you to do whatever possible to keep and restore the funds in the older Americans program.

Mr. VENTO. Thank you, Mayor. I am reminded that Schenectady is the "New York" of one of Minnesota's favorite sons.

Mr. DUCI. That's right. Mayor Latimer is sitting over there.

Mr. VENTO. You've done a lot of good work in Schenectady and we hope you have good luck in the future.

[The prepared statement of Mayor Duci, with attachments, follows:]

PREPARED STATEMENT OF MAYOR FRANK J. DUCI, SCHENECTADY, N.Y.

The Older American's Act has been by far, Congressman Vento, the most productive senior citizen program I have ever seen in my 22 years in public office.

The nutrition program is one example of senior citizen productivity. Providing inexpensive, nourishing food, transportation, shopping assistance and counseling, to mention a few, have not only enhanced the well-being of all senior citizens but more importantly have helped restore confidence in seniors and prevent institutionalization.

Schenectady's Senior Citizen Center wherein more than 3,800 members and their friends work hand in hand on a variety of sixty or more exciting programs and activities is dependent on the counseling aspect of the Older American's Act, namely title IIIB funds. While the members raise more than 50 percent of the $300,000 required to keep the Senior Citizen Center open, the balance must come from the city of Schenectady, United Way and the Older American's Act. The Senior Citizen Center and the nutrition program would be in serious jeopardy if the Federal Government should institute funding cutbacks.

The senior aide program under the direction of a young 24-year-old girl named Patricia Valentino, has been functioning beautifully in Schenectady. Over 90 senior citizens each year have been working in many productive, community oriented areas. The program has helped restore dignity to seniors who would otherwise be on welfare. The seniors are happy to be in the work force. They perform quality service at little cost for a variety of public and private sectors.

The elimination or curtailment of this program would be a step backwards. Seniors with little or no motivation would retire to rocking chairs and welfare assistance. That is not progress.

The senior citizens represent a major force in America. They are active, knowledgeable and organized. They have been and still are the backbone of our heritage. We must do everything possible to retain their dignity. It can be done without cutting back on the current Older American's Act funding level.

CITY OF SCHENECTADY, N.Y.
SENIOR AIDE PROGRAM,
Schenectady, N.Y., June 17, 1982.

Title V of The Older American's Act, which is also known as the Senior Aide Program, has been recently reauthorized by Congress for three more years. The National budget for this Program for 1982 is 277 million dollars and employs 60,000 Seniors nationwide.

Mayor Frank J. Duci brought the Senior Aide Program to Schenectady County in 1977. At present the Program employs 90 Seniors with part-time work for 20 hours per week in not-for-profit agencies throughout Schenectady County.

Some of the objectives of this Program are to put Seniors back into the mainstream, to give purpose to individuals' lives, a reason for getting up each morning, a training experience, as well as offering valuable services to our community which otherwise could not be offered.

This Program has been one of the most cost effective programs I believe that have come out of Congress. The cutting of this Program would be self-defeating or in other words, it would not be achieving what the Government is trying to achieve. There are several requirements that the individuals must meet before qualifying for this Program. For example, every individual must be 55 or older, live within boundaries designated and most important, meet an income eligibility level. This income requirement is extremely close to OMB's poverty level; therefore, a great deal of the individuals on this Program would be eligible for Welfare or SSI, which means you would not be saving the 277 million Federal dollars, but rather you would be giving Federal funds out through another line item and people would no longer work for their money with dignity nor would the community benefit. I feel everyone would benefit greatly if the Senior Aide Program was to be reauthorized at the funding level of 292 million dollars that have previously been promised.

Sincerely,

MISS PATRICIA A. VALENTINO,
Director, Senior Aide Program.

SENIOR CITIZENS CENTER OF SCHENECTADY COUNTY, INC.,
ANNIE SCHAFFER SENIOR CENTER,
Schenectady, N.Y., June 15, 1982.

Hon. Mayor FRANK J. DUCI,
City of Schenectady, City Hall,
Schenectady, N.Y.

DEAR MAYOR DUCI: The Senior Citizens Center of Schenectady County, Inc., has evolved into a dynamic focal point where 3800 members and numerous other elderly gather for a wide range of sixty different programs and activities. These include cultural, recreational, social, and educational opportunities. As you are aware, we have just completed our Twenty-Fifth Anniversary celebration. Enclosed is a copy of our Anniversary Booklet which outline our history and program.

Seniors in Schenectady County, as elsewhere, are independent and self-help oriented. Our members raise well over half or our Center's $300,000 budget. This is done through membership fees, bazars, a resale shop, Bingo, and a variety of special event fund raisers. The Center also receives substantial help from United Way and the City of Schenectady through the recreational program.

We are deeply concerned that the only funds that our Center receives directly at the federal level, namely IIIB funds for our counseling program, may be in jeopardy. The Counseling support that our seniors receive helps enormously in their struggle to maintain their independence and pride.

We are also concerned that the Senior Aide Program which provides six fine workers who assist the Center in a number of vital ways is in danger of being eliminated. This effects adversely the senior aides as well as the quality of services which our center is presently providing for hundreds of other seniors. There is a double

negative impact. Our aides provide receptionist services, program support, kitchen assistance, and custodial services.

Our members are responding to diminishing resources in a number of ways. The Center's trip program has fewer participants this year than in any previous year. In short, the frills are being curtailed. Seniors are frequenting the sales shop and searching diligently for senior discounts.

The 1980 census results for Schenectady County indicate that while there has been a marked overall decline in population, the over 60 age group now totals more than 30,000 persons or 20 percent of the populace. The challenge now is to provide basic support systems to enable this dynamic group of persons to realize their potential in developing new skills and in contributing their talents to the community through volunteer involvement.

Sincerely,

PAUL F. CRAFTON,
Executive Director.

OLDER AMERICANS PROGRAM, SCHENECTADY COUNTY NUTRITION PROGRAM

Nutrition programs for the elderly provide a broad range of comprehensive services to persons 60 years of age and over at meal centers and in Meals on Wheels programs nationwide.

Over the years nutrition programs have grown and expanded to become one of the most valuable, effective and popular Older Americans Act programs. They provide both hard and soft services in the way of food, transportation, shopping assistance, escort to the frail and handicapped, preventive health programs, counseling, information and referral, volunteer opportunities and social-recreational activities. Services are geared toward promoting physical and mental wellbeing, and preventing institutionalization of the frail elderly as long as possible.

A somewhat large percentage of the older population have come to depend on these services as an essential and integral part of their daily lives. Meal centers have become a home away from home offering a safe and supportive milieu not unlike that of the family. The proven effectiveness of nutrition programs has been well documented with the result being an ever rising demand for services at a time when human services in general are less able to meet those demands due to budget cuts and inflation.

Funding cuts by the present administration will not only prevent meeting increased needs and demands but will prevent programs from maintaining their present level of service. In the last two years in Schenectady County we have observed an appreciable participant increase of those persons who fall into the greatest need category, i.e., frail, handicapped, low income, isolated. If budget cuts occur, it may mean a cutback in services essential to meeting even the basic needs of this particular group.

Escalating costs in food, personnel, supplies and utilities have stretched nutrition budgets to the limit as is; additional cuts combined with inflation may mean cuts in overall service, i.e., fewer meals, less transportation, and less personnel to help older persons through the problem solving process.

If the cuts are deep enough, there may be decreases in service to the homebound who are now being kept out of institutions through Meals on Wheels and other inhome care programs which are far less expensive than institutional care. Hospitals, adult homes and nursing homes would be hard pressed to meet such patient increases. In addition, it would in the long run cost the federal government far more to provide institutional care.

In Schenectady County budget cuts may force us to lay off some staff, decrease the hours of key staff, discontinue some services, consolidate meal sites, place a quota system on daily numbers of people served, and ultimately raise again the suggested donation for meals in order to increase income.

The impact of budget cuts on Older American programs will have a devastating effect on nutrition programs and the elderly nationwide.

Mr. VENTO. Mayor Fulton, we are pleased to have your participation here today and look forward to hearing from you.

STATEMENT OF MAYOR FULTON

Mr. FULTON. Thank you, Mr. Chairman, and I do appreciate the opportunity of you allowing me to appear on the panel. I was not

scheduled to do so but because of my very long interest in the older Americans and medicare legislation, social security legislation, and so forth, I felt compelled to request time to be here for just a few minutes.

I hope that you will give my very warm regards to Mario. I am sorry that he could not be with us and just glad that you could and also to give my very deep respect and my love to Claude Pepper. If it wasn't for him, we wouldn't be here today.

Mr. VENTO. That's correct.

Mr. FULTON. As well as the Older Americans Act.

Mr. VENTO. They are two strong leaders on our committee and I will convey your wishes to them.

Mr. FULTON. In 1960, I ran for the U.S. Congress where I was privileged to serve for 13 years in support of a national health insurance program, as well as other issues of importance. But that was one of the primary concerns of mine at that time. It was one of the primary concerns even today as mayor of a city that has 16 hospitals and 2 medical universities.

We were able to finally pass legislation to try to care for the elderly and for those who cannot afford adequate medical care in the medicare and medicaid programs. And when we think that the older American programs that we have for the citizens, that they are endangered, I think we need to remind ourselves that also the medical care programs are in danger at the present time while we are sitting here.

I do have a prepared statement of some length that I have submitted to you.

Mr. VENTO. All of the prepared statements, Mayor, will be made part of the record. So if you don't feel you have to read all of it.

Mr. FULTON. Oh, I do not intend. I have sat in a similar place where you are so often and always so wishful that some of them would make their statements more concise.

Because we do have a city-operated hospital where we care for indigents and some of the surrounding counties do not have, we find that quite often some of the people that are in need of medical attention move to Nashville, often to be near their children, who have moved there previously. And if they are fortunate enough to be discharged from our city-operated hospital, that they stay there and that they also then possibly have some need for home-care type, nursing programs. Or they become a resident of long-term care facilities where we have 516 beds. This places a terrific drain upon the revenues that we have locally. Our budget for the operation of two hospitals is approximately $30 million a year. That $30 million comes out of the total budget for the operation of the city of Nashville of $382 million.

Now, if we see continued cuts in the medicaid approach or if we see an effort to correct some of the ills of the social security program by reducing other benefits under the medicare program, then it is going to fall on the cities that provide health care services to either provide them or to put the patient out on the street in that hospital bed. And I do not foresee any mayor being a part of putting a patient out on the sidewalk that is in need of care.

So that means if we have to determine priorities and rather than close a hospital bed that is needed, that possibly it would be better

to let a pothole go unfilled rather than to keep the golf course green in tournament condition, that we allow that golf course green to deteriorate, rather than insure the smooth flow of traffic by spending hundreds of thousands of dollars on traffic signalization, that we would use that money to care for those that have need.

I see in the room today some people that I assume are senior citizens and I doubt seriously if there is any one of them that could sustain without severe loss to them $1,000 a month in a nursing home for a period of 6 months or 1 year, or if they happened to be the victim of a heart attack or a malignancy, could they survive with their savings just the cost of the 4 to 6 weeks of recuperating after that heart problem, or the extended period of time that unfortunately is so involved in the treatment of malignancies. So I would just say to you that I hope that you will convey—I know that you will or you would not be here—our concern for our senior citizens in every aspect of the benefits that they are receiving from the Government that they have supported for generations and generations.

I appreciate so much you giving us the opportunity to speak.

[The prepared statement of Mayor Fulton follows:]

STATEMENT OF MAYOR RICHARD FULTON, NASHVILLE, TENN.

Mr. Chairman, I am Mayor Richard Fulton, formerly a Congressman for seven terms and during the last seven years Mayor of Metropolitan Nashville-Davidson County, Tennessee. I welcome this opportunity to explain and describe the local impact of Federal-state program cuts and changes on the elderly in our consolidated city-county of approximately 500,000 people.

Nashville and the surrounding Mid-Cumberland area is an attractive place for older Americans to live. Not only are we located in America's "sunbelt" but we are also one of 76 urban medical centers in the United States. In 1980, over 138,000 citizens over 60 lived in the 13 county Mid-Cumberland area, with 73,000 plus living in Nashville-Davidson County.

There are 16 hospitals and two medical schools in Nashville. The Metropolitan Government owns and operates a 235-bed full treatment hospital (General) and a 514 bed geriatric and chronic care facility (Bordeaux). As of April 1, 1982, 173 elderly citizens were on the waiting list for admission to Bordeaux. For many, this hospital has become their only means of support and survival.

The program cuts being proposed and effected by the leadership in Washington are clearly having a negative impact on our elderly in inverse proportions. For every dollar in funding reductions, there is a two-three dollar loss in service. Can this arithmetic continue before we begin to reach a point of total abandonment and simply ignore the needs of our elderly? Or have we reached that point already? For instance, the number of allowable prescriptions per month has been reduced to seven with only 24 trips to the doctor per year.

Nashville, as a major medical center has over 6,000 deinstitutionalized persons housed in group homes or subsidized housing units. Many of these persons can only stay out of an institution if their medication and support services are maintained. Their services are being cut at the Federal and state level; they will have to go back into more expensive institutional care (where service capacities do not now exist) or stay in abandoned buildings, or live under one of our bridges in the urban area.

The cross-cutting impact of cuts in visiting nurse service, homemaker service, energy assistance and indigent drug assistance has been particularly hard on the chronically ill and terminally ill elderly trying to live alone while on the waiting list for admission to one of our hospitals or subsidized housing units. The number on the waiting list has more than doubled in the last twelve months.

During the past 20 years the quality of health care and health services have been greatly improved and extended at both the public and private institutions within our community. Our local government and community were led to believe that we were participating in a full Federal-state-local partnership in offering specialized re-

gional services to a multi-state region in the Mid-South extending from Central Kentucky, Mid-State Tennessee to northern counties in Mississippi and Alabama.

During the last two years we have seen clearly that Federal and state funds will no longer maintain the programs so greatly needed by our older citizens. Proponents of the "New Federalism" respond that those local communities who desire such programs may support them through local tax dollars. Yet, recent Federal actions have created "catch-22" of constituent service expectations and tax expectations. Throughout the past 40 years, as Federal dollars have provided services at the local level, citizens' service expectations have been built not upon the taxing capacity of our cities but upon the additional support of direct Federal aid. We have built a false level of basic service expectations. In order to meet these constituent expectations of service provision, however, local governments are increasingly feeling the need to generate greater local revenues. In theory this seems a sound practice; yet regressive and inelastic local tax structures and a political "tax-cut" climate fostered by reductions in the Federal income tax, render local absorption of such funding practically impossible. So too, have we sought aid from our businesses and churches, and although they have responded in certain limited areas, critical needs continue to go unmet for lack of funding. Just as our congressional leaders have said that we cannot "balance the budget on the back of our older citizens," neither can we balance the budget on the backs of our cities.

Social Security and Medicaid, two Federal programs upon which our older residents depend, are part of that group of entitlement programs comprising well over half of our national budget. Congress has trimmed domestic spending, yet due to our nation's aging population, these costs continue to result in higher and higher Federal deficits. Attempting to control these costs, our nation's leaders have restricted eligibility limits and reduced funding for related programs, yet costs continue to rise. Such reductions of funding and eligibility have not, however, responded to the perceived national goal of reducing governmental dependency and encouraging greater individual responsibility. Quantitative program changes do not strike at notions of entitlement, but merely reduce the number of individuals able to realize their expectations of governmental support--further frustrating those whose needs continue unmet.

Clearly, we must look to alternative forms of change if we are to reduce dependency on government. As a nation we seek often incompatible goals: reduction of program outlays, reduction of entitlement expectations, and care for our older citizens who have moved to medical centers in the sun-belt is unfair to the local government and the elderly citizens who have moved to those areas. How then, may we draw that line of equilibrium between and among competing goals in a coherent, thoughtful fashion? We at all levels of government must face such problems forthrightly and search vigorously for ways of providing assistance without building dependency. We must take care that in times of uncertainty, in times of great change, we do not overlook those potential solutions presently at our disposal.

We must look not to after-the-fact health care but to less-costly preventive health care alternatives. By investing in the continued good health of our older citizens we may avoid the catastrophic costs of catastrophic illness and hospitalization. By providing low-cost in-home services, we may help to preserve the individual dignity and liberty of the elderly while avoiding the debilitating costs of long-term care and the degradation of institutionalization. By shifting our emphasis from retirement support to part-time and flex-time employment we may draw upon the skills and wealth of wisdom borne of a lifetime's experience; while reconfirming our commitment to the worth of our older Americans. We must seek to provide in our national programs the flexibility that will allow our states and our cities--our service providers--to care for those with the greatest need. In our drive for efficiency, we cannot bear the cost of ignoring that most important of social service criteria: effectiveness. To simply cut levels of funding and restrict eligibility requirements is to underestimate the complexities of serving our citizens. To simply make quantitative adjustments in response to the need for qualitative change is to abandon our commitment to our nation's older citizens.

Because of the range and quality of health services offered in medical schools, clinics and hospitals, thousands of people are attracted to our area with serious heart, kidney, circulatory or hypertension problems. They come from everywhere looking for a medical miracle, many receive significant help to reduce their pains and increase their life expectancy. We in our community need a continuing Federal-state-local partnership in order to maintain our public-private efforts to serve the elderly of our region.

The present and proposed cuts in Federal and state programs and the cross cutting impact of eligibility regulations are undermining the ability of the chronically

ill and the deinstitutionalized to cope with their basic needs. The cumulative effect amounts to dumping problems of the elderly on our local governments' health, hospital, social service and pauper burial services as the provider of last resort. We cannot alone provide the services needed by our elderly in their declining years.

The tax structure and local revenue sources provided to our city by the state cannot provide for the specialized or long term care needs of the elderly within our service region. Urban local governments need help. We members of the U.S. Conference of Mayors are willing to work with you to find ways to improve the effectiveness of the service programs for the elderly and to work to contain cost. We cannot carry these devolved services and functions with only local tax resources.

Mr. VENTO. Thank you very much, Mayor, for your presence here today and your distinguished service to the House.

Finally, we have Mayor DeGood from Toledo.

STATEMENT OF MAYOR DeGOOD

Mr. DEGOOD. Thank you very much, Mr. Chairman. I, too, would like to express my appreciation and commend you and the committee for being with us today.

Experience has taught me in these rather lengthy laborious proceedings that sometimes you can best capture the ear of the Chair if you keep your remarks extremely brief and I will endeavor to do that.

Let me say that I think the questions that you asked at the conclusion of the first panel really began to get at the question with which we're dealing today and that is the backdrop against which the discussions relating to how are we best going to provide services to our elderly are really taking place in this society. And it is really a part of that entire question and the New Federalism and the devolution of responsibilities on State and local governments.

I thought that you were very clearly trying to ferret out in the first panel their response to your question can State and local governments pick that slack up.

Let me give you some facts and figures which I think in Toledo's instance are absolutely remarkable and make a very strong argument for the case that we must have continuing Federal assistance.

As I sit here today, 40 percent of the municipal employees of the city of Toledo are currently laid off for lack of municipal revenue.

On June 8, some 2 weeks ago, the citizens in the city of Toledo passed through public referendum a 50-percent increase in our local municipal income tax. That will give us the capability to return roughly half of those laid-off workers to the city's employ, but it is clear from those rather staggering statistics that we are in the business of providing traditional, conventional municipal services to our public. We are in a race to maintain an aging infrastructure as we're an older industrial city and to provide minimally acceptable police, fire, park, and recreational services. There is little, if anything, left over in the municipal treasury, nor will there be in the foreseeable future, in order to deal with the problems of aging people in our community.

And we, like other cities, have made significant strides in the past 2 or 3 years and utilizing the resources of the private sector, nonprofit organizations, community organizations, and so on, in trying to fill that gap. It just simply can't be done with the resources we have available to us at the local level.

Just one other little setup of things I'd like to talk about for just a moment and that is only to illustrate the plight of our elderly and the impact of Federal Government upon them go beyond the scope solely of the Older Americans Act. There are many other Federal programs which directly benefit the quality of their life.

It concerns me when the Federal Government talks about asking for copayments in the home health care programs of medicare and medicaid and it concerns me when they cut back the title XX funds which foster the independent living program and a similar program funded through CETA. Where I think that the reality is, as we cause those elderly people to make copayments for their home health care programs, we cut back on programs which foster their independent living ability. What we are going to do is cause those elderly Americans to spend themselves right into medicaid eligibility as they move out of those independent living arrangements and into the institutional care facility.

In addition to that, others here today have spoken of the need to continue the programs which feed our senior people. In Toledo alone, that means that some 80,000 people who have benefited from those nutrition programs will not do so in the future. There have been reductions in CETA transportation programs which in our instance meant we simply had to close down the senior center in the census tracks in which the most impoverished people in our community live simply because they were no longer able to get themselves to the center and avail themselves of the programs provided there.

Reductions in the 202 housing program means that once again we simply exacerbate the problem of where our elderly poor will reside and again we're right back to the business of forcing them into other programs which I suspect in the long run will be even more costly. One last place where I think the elderly are impacted is through the demise of LEAA.

The elderly people are the most easily preyed upon people in our urban centers, the least able to protect themselves from that and again, we're dealing with municipalities whose police and capabilities are already strained to the absolute limits and any assistance the Federal Government can provide to us in that area, I think will continue to accrue to the immediate benefit of our elderly residents.

Thank you.

[The prepared statement of Mayor DeGood follows:]

PREPARED STATEMENT OF MAYOR DOUG DEGOOD, TOLEDO, OHIO

Mr. Chairman, I am Doug DeGood, mayor of Toledo, Ohio. I want to express my thanks to you and the Aging Committee for sponsoring this hearing today. The Nation's mayors see the results of policies approved in Washington everyday—it is my hope the committee will find our comments on the effect of budget cuts on senior citizens useful.

The Aging Committee certainly does not need to be told that the past 18 months have not been good ones for our Nations's seniors. Your committee deserves a great deal of credit for preserving programs for the aging to the extent they have been. Field hearings, like this one, have brought home the message that seniors are being victimized by the budget cutters in Washington. By now, it is becoming clear that senior citizens all across the country are in doubt about the level of commitment to their well being on the part of the Federal Government.

My goal today Mr. Chairman, is to highlight some of the ways seniors in Toledo and the northwest Ohio area are suffering from program reductions. Before doing that, allow me to briefly sketch out for you the general situation in my city.

Toledo is working its way out of a severe budgetary crisis. On June 8, Toledo voters approved an increase in the city's income tax. The increase will stop a slide in city services which has been harmful to all sectors of the city. But the reasons for our crisis are still evident in the region's economoy. Corporate profits are down. Unemployment, at over 12 percent statewide, is even higher in northwest Ohio. The fact that 62 percent of the voters approved a tax increase in such difficult economic times is testimony to the resolve of our citizens. It is also evidence of an important fact—you may cut taxes on the Federal level, but when it comes to picking up the slack, the buck stops at city hall.

Unfortunately, even with our best efforts to pick up the slack left by Federal cutbacks, senior citizens in my city are experiencing hard times.

In general, they have seen the Federal Government's commitment to them on the wane.

At a time when health care costs are exorbitant, the Federal Government is considering requiring copayments for home health care under medicare and medicaid.

At a time when the fear of crime is at record levels, the government shuts down the only agency which could help neighborhoods fight crime: The Law Enforcement Assistance administration.

Worst of all, the Administration has caused seniors to fear that their social security benefits are in jeopardy.

The result of all this is growing fear of Government and a feeling that public officials are insensitive to the needs of people who have contributed so much to our country.

Mr. Chairman, our President may see Government as an enemy of the people. But, until now at least, seniors have seen Government as a friend: a protector when personal and family resources could not meet their basic needs. The President's initiatives have made seniors in Toledo and throughout the Nation suspicious of their friend at a time when need is greatest. Allow me to catalogue briefly some of the harsh statistics which demonstrate how seniors in northwest Ohio have suffered due to recent Federal policy changes:

Programs to feed seniors, funded by the Department of Agriculture and the community development block grant program will be cut substantially. This means more than 80,000 seniors in the Toledo area will no longer receive the balance meals they need to stay healthy.

An innovative program called assistance for independent living funded with title XX and state funds is suffering severe cutbacks. Because State funds match the Federal funds in this program, every dollar cut from title XX results in a cut of more than a dollar from this program. A significant number of the elderly served by this program will lose assistance due to last year's cuts. Another program, called project independence, in which CETA workers provided home care assistance to 119 seniors is slated for elimination. For every senior who was in that program, there was more than one on the waiting list.

It is important to note that as seniors become unable to live independently at home, they will be forced to move to nursing homes. When they do that they are likely to spend themselves quickly into meidicaid eligibility and therefore cost the Government much more than they did when they benefitted from programs to foster independent living.

Elderly transportation programs. Funded through CETA, have been seriously curtailed in the Toledo area. Almost 1,500 seniors have either lost their mobility altogether or seen the reliability and frequency of transportation for them decreased. Without adequate transportation, seniors are incapable of getting to nutrition programs and community centers. In fact, one such center, in Toledo's most distressed area, was closed because seniors could no longer get to it in sufficient numbers.

Finally, the cuts in housing assistance have placed in jeopardy three planned housing projects for seniors—one of them in Toledo, the other two in neighboring counties. Even though some section 202 funding is still available, it is unlikely it is adequate to fund all of these sorely needed projects.

Mr. Chairman, all of the mayors appearing here today have similar stories to tell. We hope that through the retelling of the worsening plight of our elderly, one message will get through to Congress and the White House: "When you allow to diminish the society's commitment to those who have built it—you weaken the heart and soul of the society."

We urge you to go back to Washington and continue the fight to keep the heart and soul of our society sound by shoring up Federal support for senior citizens.

Thank you.

Mr. VENTO. Thank you, Mayor, for your comments and summarization. You put forth your points very well.

Mayor Cisneros, you made reference to the block grant concept of the New Federalism and so forth. I suppose the New Federalism can be the best of all possible worlds and perhaps the worst, depending upon how it's defined.

Right now that definition is either inclusive and exclusive depending upon who is defining it, what is included, and what the resources are. It is a moving target, or I'd say it's sort of an amorphous blob, really.

The one component that you pointed to favorably in terms of the community services block grant was citizen participation. In that instance, the administration insisted upon it. But in another more traditional program, community development block grant [CDBG] they have eliminated citizen participation requirements.

Why is this important? Is it important that we have citizen participation requirements or is it just necessary for the initial stages of the block grant? Do you think it's necessary for each succeeding year?

Mr. CISNEROS. I think it's very important to require from Congress standpoint that there be community participation, citizen involvement. Whether there is a program that the responsibility rests primarily at the State level or whether it finally emerges to be a local program in a greater degree. But it's very important, I think, to have citizen participation for a number of reasons. One of them is that you just end up with a better program. If you know what people need, which you can never anticipate—you can never as a public official sitting behind a table, or desk, or podium understand the problems of a handilift or a transportation program for handicapped persons. You can never understand the particular problems of why the width has to be such and such between the seats and the door or a wheelchair person can't get in. You never understand the importance that people put on making sure that a hot meals program really is a hot meals program; that when the meals arrive they really are hot because the transportation system is such they can get them while they are still warm instead of what the bureaucrat or what the administrator thinks is a warm meal.

If you don't have citizen participation, you never get the facts on how a program should be structured. So I would say to you that it's very important to have requirements for citizen involvement. That's one reason.

Still another reason would be that I just think it makes for a better spirit in the community. If we have developed that concept of citizen involvements since the 1960's and I think it is solid evidence of democracy and our ideals of how we involve people in the governmental process.

Mr. VENTO. Mayor Hance.

Ms. HANCE. Excuse me, sir, but when we're here with our cups in our hands—no offense intended—but with all due respect to the Federal requirement for CDBG block grants, the requirement that you say is lifted, let me assure that mayors know better than that.

We have the exact same process, the same steering committees that we have always had. You don't have to tell us in Washington to be smart.

Mr. VENTO. No. All I am saying is that the requirement isn't there any longer while it's in place in the other one and I happen to be very familiar with that issue because I serve with your Mayor Cisneros' Congressman, Henry Gonzales, on the Housing Subcommittee.

Mayor Hance, another question for you, though. With respect to the tremendous success that you've had in Phoenix regarding private sector involvement and volunteerism, would you say that the Federal dollars that flow in those directions, indeed, where they do, have been helpful in terms of shaping and providing some private participation and volunteerism?

Ms. HANCE. Absolutely essential to us. I am only pointing out that without the extra dimension of the volunteerism, we would have been seriously hurt in Phoenix this year. We need some Federal funding, obviously, because cities can't be all things to all people. We are restricted to the basic services that the cities were formed to provide and as funds become available, we add amenities, such as more books at the library, another park, which are part of the quality of life, equivalent of a basic service but sometimes have to slip a little.

I think in those programs that the Federal Government became involved in for many years, and I think that they should remain involved in some. I realize that programs of any kind are not real important unless we do something about the economy pretty soon. We may all go down the tube together.

So I think that in the times of reducing revenue, if the responsibility is turned back to the cities, we can do a great deal more with less if the regulations, the burdensome regulations and guidelines in all programs are lifted. I know that we can do better with less and we're going to have to get more and more productive and we're going to have to work smarter, but I think it can be done with less Federal funding.

Mr. VENTO. With less Federal funding.

Ms. HANCE. And fewer guidelines.

Mr. VENTO. Like community block grant guidelines, no? Those are all right, apparently, but there are some that you'd like to get rid of?

Ms. HANCE. Yes, indeed, I could give you a long list but that's not the subject of this hearing.

Mr. VENTO. No, no, but I think that eventually you might like to submit a list to the committee and let us know where you think could be savings. I think that we are always torn between the accountability issue and the issue of having less restrictions on the use of funds. We certainly understand that debate, and I hope we can get the right balance so we don't end up chasing our tail.

I appreciate your comments.

Mayor Duci, you commented and had strong feelings on the employment programs, specifically the title V programs. That, apparently, is used extensively in all of your communities and the program had been proposed for elimination. So that has sort of a spinoff effect, doesn't it, in terms of the communities? Do you want to

explain briefly to our committee what the spinoff effect of cutting those programs might be?

Mr. DUCI. Well, the senior aid program in the city of Schenectady is used in the public and private sector both, and provided the work force and we're talking in terms of people 65 and over that have become productive, as we know they have been all these years but never given the opportunity to do so in the twilight of their years, 65-70 and over. We find that almost 100 senior aides in the city of Schenectady who have been working with the private sector for 1 year have been probably the most productive part of that work force in terms of new employment for that particular private sector or business. And thereafter we've had a fairly good success as well, that the private sector would take over the senior aide and make him or her part of the work force, permanent work force, in that business.

So not only has that program restored the dignity of an individual, he or she, as well as provide the essential work force that the private sector needs at a reasonable cost and senior citizens do work in that program at a reasonable cost and they are happy to do it. You can see it in their face every day as they go to work, not only at city hall but throughout the various other places in the city of Schenectady.

So that's why I call it probably the most productive program that I've seen come down the pike in a long time.

Mr. VENTO. Thank you.

Mayor Fulton, I have to say it sounds as though you've taken extraordinary interest in some of the issues dealing with health care, and one of those that we've learned a great deal about in my own State of Minnesota. I guess you are familiar with the term "deinstitutionalization."

How do the Federal programs help in deinstitutionalization in your community, and what would happen if, for instance, 202 housing is cut back as recommended? Are there other types of programs to provide a sort of halfway house for older Americans and for others?

Mr. FULTON. We have over 6,000 deinstitutionalized patients or people in the city of Nashville at the present time. When I say the city of Nashville, we have a consolidated government so that is the city and the county combined. But if we see a drastic cutback in those programs then some of those people are going to end up knocking on the door of the hospital, where we already have the problem. So it would have a very drastic effect and I think it would be very shameful and disgraceful to put those people in the position of—here they are learning to live on their own, so to speak, with some assistance from the government but all of a sudden we say, no, we cannot take care of you in this fashion any longer, it really falls back on the local government.

I want to emphasize that the U.S. Conference of Mayors stands ready to work with you, with Congress, to improve the program effectiveness and to contain project costs but that we cannot carry these services on a local tax revenue.

Mr. VENTO. The deinstitutionalization costs are quite different, aren't they? Are not section 202 housing maintenance costs a lot cheaper than having someone in a nursing care facility?

Mr. FULTON. Well, our government-operated nursing facility which is more than a nursing facility—and we do provide some acute bed care there—it costs us an average of $1,600 a month. The deinstitutionalized program is considerably less than that.

Mr. VENTO. That's right. Another important area here, of course, is in the area of social security disability, which isn't the topic of this discussion, but has been, to say the least, a concern raised by many people all over the country.

I don't think there is a Congressman in this country that hasn't had a deluge of calls to their office concerning the changes in social security disability program.

I dare say that you as mayors have also been informed by constituents. People don't differentiate in sharing their problems the fact that you happen to serve at the local level and I at the national level in terms of that issue, I'd suggest.

Mr. FULTON. Well, 13 years I served on the Ways and Means Committee that had jurisdiction on the social security program, and how they can reduce the qualifications of those or the eligibility for someone to receive social security disability pension I do not understand because more likely than not, before a person can receive a disability pension from social security, they have to be just about one foot in the grave.

Mr. VENTO. Suffice it to say, Mayor, without carrying it any further, because of your background, but there has been no change in the law with regard to disability. The only change is with regard to the operations manual that is used.

In any case, that is the genesis of the disability problem, and I hope that we can deal with it. The relevant point here, of course, is indeed, if disability benefits are withdrawn, then we again find that the institutions, specifically the nursing homes, are in greater demand. This affects you dramatically, at both the State and local levels.

Mayor DeGood, you pointed out the tremendous problems that you're having in Toledo and the inability, I think, of city government, at least, and perhaps State government, to deal with the problems of elderly Americans due to countercyclical problems. That is to say, that individual States at one time or another, whether it be California, Ohio, or New York, have varying degrees of ability, or communities have varying degrees of ability, to deal with the problems that occur in our economy.

In Ohio today, apparently, you are having special problems. Would you care to further comment on the specific problems?

Mr. DEGOOD. Being part of the industrial heartland, as are Michigan, Indiana and other cities in that region, our unemployment rates are significantly higher than they are nationally and much more given to cyclical fluctuation and I think that the issue really is one not so much of cities or States in that region of the country being typical and that they are the only ones that have these difficulties. It is simply a question of the more acute and less acute.

I find it improbable that any city of this country, be it a prospering community in the Sun Belt or one going through some major structural changes in its local economic base in the Frost Belt,

being able to absorb the additional burdens being placed upon them by Washington without a commensurate influc of the funds.

To my knowledge thus far, the New Federalism has consisted of a devolution of responsibility but no devolution of money.

Mr. VENTO. In other words, if we give you the dollars you will be happy to accept the responsibilities; if we don't, you're going to be telling us about it; is that right, Mayor?

Mr. DEGOOD. Yes, sir.

Mr. VENTO. Thank you.

Thank you all. I think you have done an able job representing your fellow Americans and we look forward to your continued help as we try to deal with policy questions.

Thank you very, very much.

Now, Mayor George Latimer is going to introduce our third panel of witnesses, which consists of Mayor Don Fraser, Jane Whiteside, Ann Long, and Daphne Krause.

Welcome to the House Select Committee on Aging, Mayor. I understand that you have other commitments, and I do not know if you can stay throughout the panel. But we are grateful you were able to come and introduce these marvelous witnesses from the metropolitan area that can shed some light on the problems the committee is facing. We are always glad to have the two mayors and we are sorry to have kept you waiting.

Mayor Fraser and then Mayor Latimer will introduce our other witnesses that are here.

PANEL THREE, CONSISTING OF HON. DONALD FRASER, MAYOR, MINNEAPOLIS, MINN.; HON. GEORGE LATIMER, MAYOR, ST. PAUL, MINN.; JANE WHITESIDE, PH D., CHAIRMAN, AGING PROGRAMS, METROPOLITAN COUNCIL OF ST. PAUL, MINN.; ANN LONG, DIRECTOR, MULTISERVICE PROGRAMS, WILDER FOUNDATION, ST. PAUL, MINN.; AND DAPHNE KRAUSE, PRESIDENT, MINNEAPOLIS AGE AND OPPORTUNITY CENTER, MINNEAPOLIS, MINN.

STATEMENT OF MAYOR FRASER

Mr. FRASER. Thank you very much, Mr. Chairman. I really appreciate the opportunity to be here and to welcome a former colleague from across the river to our city.

Let me say that we are particularly pleased, I think both Mayor Latimer and I, to be able to present three witnesses who will deal with some very innovative and important programs and thus help illustrate the impact of some of the Federal policies on the people of our State.

What I would like to do is just try to set the stage by indicating some of the impressions and circumstances in which we find ourselves. Let me say at the outset that I am troubled by the current budget proposals that are pending in the Congress, the cuts that are proposed in the reconciliation which I guess you'll have to vote on next week, which present us with some further difficulties with respect to funding of such programs as medicare, medicaid, food stamps, welfare and so on. I won't dwell on that further but it is not an auspicious setting for us discussing the problems of older people.

In the twin city area, the 7-county metropolitan area, we find that most of the older people live in the 2 central cities and, as a matter of fact, over half of the people over 65 in the 7-county area do live in Minneapolis and St. Paul, and the county in which the hearing is being held in has the largest number of people over 65 of any Minnesota county, something over 101,000, and in Ramsey County, I suspect, is the next largest with about half that number.

The statistics show that 20 percent of the older population is currently at or below the poverty level and while we're getting a further breakdown of the 1980 census, as of 1979, 66 percent of the older citizens were female. Thirty-five percent of our Minneapolis elderly live alone and one of the more dramatic facts is that 49 percent of those who are over 65 are now over 75 years of age. That is, of all those that were over 65, half are over 75 years of age.

Of course, we know that the older we get, the more problems that we face. We are particularly concerned about the reduction in funding programs under title XX, the block grants for Hennepin County were reduced by 28 percent between 1981 and 1982, and this is an important source of funds to provide needed social services.

I would like to just conclude by touching on some of the programs that have been impacted by budget changes and the consequences of it. We have cut back on nursing services for low-income elderly and disabled people. Our enormously helpful senior aide program which assists older citizens with special problems has no provision for Federal funding beyond September 30. Our senior citizen ombudsman, who has done a very effective job in Minneapolis, now works on a month-to-month basis, depending on available funds.

Part of the problems that flow from both Federal and State cutbacks include ending the subsidy for downtown buses. The free senior ride program, and seniors now paying increased peak-hour fares. We've had to reduce services such as library acquisitions, library hours, library services. Our recreation and park programs have been reduced. We've confronted the need to close a very popular planetarium which has been a large attraction of our downtown library. We've reduced basic city services.

Of course housing, those who are in public housing are up to 30 percent of their income instead of the former 25 percent. We've had to eliminate CETA security guards at the senior city highrises and this is especially troublesome as the seniors see themselves as the target victims of crime.

So in many ways, programs that impact directly on elder people and that impact more broadly but of special concern to older people that we are confronted with cuts across the board.

So if we had any one special plea, I think it would be that we want to restore a strong partnership relationship between Federal, State, and local governments. But that must include the channeling of adequate resources with maximum local flexibility, I think, to enable us to carry out our responsibility.

Let me say that we are delighted that you are holding this hearing and your willingness to sit through some long hours as part of the 50th anniversary of the meeting of the U.S. Conference of Mayors.

Thank you very much.

[The prepared statement of Mayor Fraser follows:]

PREPARED STATEMENT OF DONALD M. FRASER, MAYOR, MINNEAPOLIS, MINN.

It is always a pleasure to welcome a former congressional colleague, a good friend and close neighbor, to my home city.

But we are especially pleased that you have come here today, Congressman Vento, because we are hopeful that this official hearing will receive the top priority attention it deserves from all of your colleagues in Congress. Especially this coming week, when you will be voting on the proposed Republican budget for the coming fiscal year.

This budget is particularly disturbing to everyone in this room and to older people everywhere because we have all heard it said that the highest test of civilized society is the concern it shows for its neediest citizens.

Yet the federal Republican budget for fiscal 1983 directs its chief economies at almost all of the domestic programs intended to aid the nation's elderly and disadvantaged.

It mandates many times more extensive reductions in domestic spending than the Democratic budget alternative.

It would reduce Medicare by $3.6 billion.

It would cut Medicaid by $700 million.

It would cut food stamps and child nutrition programs by $900 million.

It would cut welfare by $400 million.

In addition, an estimated five to seven billion dollars would be cut in benefit programs and at least that much in other domestic programs such as housing, transportation, energy and parks which directly affect the well-being of many seniors.

Certainly, we all appreciate the need for economy. But it takes a special kind of insensitive lawmaker in Washington to put together a budget that contains huge outlays for the military, that continues large tax cuts for the wealthy and makes further deep cuts in support for the nation's poor and elderly.

Here in the Twin Cities, the plight of the elderly is our strong concern because a majority of all of the persons over the age of 65 live within the city limits of Minneapolis and Saint Paul.

Hennepin County in which this hearing is being held has the largest number of persons over age 65 of any Minnesota county—101,390 as of the 1980 census. Ramsey County, in which Saint Paul is located, has just about half that number.

Approximately twenty percent of this older population is currently at or below the poverty level.

We are just in the process of getting a further breakdown of the 1980 census but as of 1979, 66 percent of our elderly were female; 35.5 percent of our Minneapolis elderly lived alone; and perhaps the most dramatic fact of all, 49 percent of our above 65-year olds are now 75 years of age or older.

The older the citizen, the more likely he or she is to have serious problems connected with age and the greater the expenditure per individual we must make. However, we find that our elderly, regardless of age or infirmity, do prefer to live in their own homes. It is surprising how many are capable of doing so if the necessary in-home support services can be provided. It is certainly far less costly to keep them at home than in institutions. But the recent federal change to the block grant system of allocations has not been at all helpful. In fact, it has proven to be a major setback for us.

The largest recipient of the Community Development Block Grant Funds that Minneapolis allocates for its social services is the Minneapolis Age and Opportunity Center. Your own committee Chairman, Claude Pepper, reported that this Center is regarded "as perhaps the best program of its character provided anywhere in the country for the elderly". You will shortly have the pleasure of hearing from the persuasive President of that organization, Mrs. Draphne Krause, who is here with us today.

She can personally attest to the serious loss of funding and services which have occurred because of this Administration's change to block grant funding.

Hennepin County's federal funding allocation under title 20 block grants was reduced by a full 28 percent—down from $16.6 million in 1981 to $12.3 in 1982.

This is our major federal funding source for social services.

Moreover, this cut in federal funding has come at a time when reduced state revenue collections in Minnesota have also resulted in decreased state appropriations to the cities. And all of this comes at a time when inflation has added heavily to serv-

ice costs as well, further reducing their availiability in terms of the actual dollars we can expend.

I can assure you that all of us in city government in Minneapolis and in Saint Paul, have worked as creatively and as innovatively as possible trying to stretch scarce dollars. Yet we continue to face the constant need to retrench.

The new federalism has eroded our federal/state/local partnership, leaving our cities with substantially increased responsibilities and little assistance.

Let me enumerate some of the services we in Minneapolis have cut which affect all our citizens, but which take a particularly heavy toll of our elderly:

We have cut back on nursing services for low-income elderly and disabled persons as well as on health education programs and on consumer protection services. The number of persons able to receive Hennepin County-funded adult day care subsidies so they do not have to be institutionalized was cut in half.

Our enormously helpful Senior Aide Program which assists older citizens with special problems [illegible] human services agencies has no provision for federal funding beyond September 30th. Our City Senior Ombudsman now works on a month-to-month basis, depending on available funds.

We have been forced to end the subsidy for our downtown buses.

We have ended the free senior ride program. Seniors now pay increased peak hour fares.

We have reduced library acquisitions, library hours and library services.

We have reduced public funding for band concerts and plays in our parks.

We have closed our very popular planetarium.

We have reduced street sweeping and street maintenance.

In our public housing, we now require tenants to pay 30 percent of their income towards rent, up from the previous level of 25 percent.

Speaking of public housing, in our highrises for senior citizens, we have eliminated CETA security guards which is very upsetting to the residents. As you know, seniors perceive themselves as a special target for crime and are extremely fearful of being victimized on our streets and in their homes. Yet here again, we have been forced to cut back on many measures that have meant greater security for older Americans throughout our area.

It is especially distressing to tell you that increasingly, both in the city and in the country, we find ourselves once again thinking in terms of greater reliance on property taxes to maintain existing programs. The property tax can place an especially heavy burden on those least able to pay. It can drive persons on fixed incomes from their homes . . . especially now that the heavy rise in fuel and other energy costs are almost driving many of them out, as it is.

The message I most want to leave with you today is that what is urgently needed in my city, in the city of Saint Paul, in cities across this land, is a strong federal/state and local partnership that will offer local government a source of dependable resources to enable city officials to plan responsibly for the future. We must assure our older citizens the opportunity to live out their lives in dignity and respect in return for their own lifetime of useful contributions to their families, their community and their country.

Thank you very much.

Mr. VENTO. Thank you. Pleased to do it, Mayor.

Mayor Latimer.

STATEMENT OF MAYOR LATIMER

Mayor LATIMER. Thank you very much, Mr. Chairman, Congressman Vento. I have two or three very brief remarks and an introduction that I am very happy to make. And I hope that the rapidity of my remarks does not undermine how deeply I feel.

First of all, I thank you, Mr. Chairman, Congressman Vento, for being here. First, because I know that you had to rethink your own schedule to be here and I know how quickly you're going to have to go back to work on legislation.

Second, it's not true throughout the country, but I always feel that the people of my city have an advocate when you're there. I always rest easy.

The Conference of Mayors, I think, deserves some thanks because today I think this document, "Administrating Aging Programs," in fact, is being published and it is very current and it makes some reference to our local situation here, including the work of the Wilder Foundation.

Third, I wouldn't be the mayor of St. Paul, would I, if I didn't remember the people of St. Paul. An awful lot of the folks out there and over here particularly are folks representing the seniors of St. Paul and it's so great to see you here.

Finally and really my reason for being here is to introduce the panel where we can hear not from elected officials but people who are, in fact, working with seniors and have been for years.

Jane Whiteside will speak and then Ann Long and then Daphne Krause. Jane is a Ph. D. and a member of the faculty at the Humphrey Institute, has worked for 10 years in the area of aging for the Metropolitan Council and has a vast regional overview of programs related to problems of the aging. Ann Long is with the Wilder Foundation and has been for a number of years, is director or the multiservice program and Wilder has been particularly active in St. Paul in providing housing options for seniors as well as all of the other array of services. Daphne Krause has been an advocate for the aging perhaps longer than anyone in the State of Minnesota and if anyone needs no introduction, it is that very great and good person who is president of the Minneapolis Aging Opportunity Center which, in fact, is one of the very first of the Twin Cities organizations.

Mr. Chairman, I repeat my great gratitude to you and I ask Dr. Jane Whiteside if she will make a few remarks.

Dr. VENTO. Dr. Whiteside.

STATEMENT OF JANE WHITESIDE

Dr. WHITESIDE. Thank you, Mayor Latimer, and Chairman Vento.

I am speaking from my perspective as program manager of this region's Area Agency on Aging programs. It is located within the Twin Cities Metropolitan Council and as Mayor Latimer said, the council is the regional planning and coordinating agency for the Twin Cities metropolitan area.

It is difficult for me to pinpoint very precisely the impact of the 1982 budget and the related administrative changes to the older population. For one thing, it is quite difficult to separate the effect of these changes from the effects of many other changes that are occurring at the Federal, State, and local levels at the same time. For another thing, I think we can't yet see what all the longer term effects of some of these changes will be.

Since other speakers have already given many specific examples of some of the problems created by budget cuts and other changes occurring with the 1982 appropriations, I would like to speak to some more general concerns that we have about both the recent and a lot of proposed changes that are being discussed and particularly to talk about the way some of these changes may jeopardize what we feel are the many very good and very successful programs and services for older people that we have in this area.

As many people have suggested by now, there seems to be quite a number of problems with the assumptions underlying the idea that greater administrative flexibility will offset reduced funding. It's apparently assumed that current programs are not very effective and therefore need to be eliminated or at least drastically modified and while I think most of us would agree that such changes are needed, there are also many good programs that are very effective and very successful in meeting needs of older people and it's difficult for us to see how changes that are made very quickly can be effective without a better understanding of why certain programs have not worked.

It is also assumed that flexibility will result in greater efficiency, producing savings of the same order and magnitude of the budget cuts that have been enacted and this is even with inflation and even in light of the growing older population.

I think there may be some circumstances in which flexibility may not be desirable. For example, when it comes to protecting the rights of older people who are quite vulnerable or frail. For example, those older people who live in nursing homes. And I know of no real evidence that indicates that greater flexibility will actually result in substantial efficiency although I think we'd all like to believe that that's true. And even taking an optimistic view that this relationship does exist, there doesn't seem to be any relationship between the size of the budget cuts and the projected changes and savings that we could say might occur as the result of flexibility. And I think probably the most important point is that the concept of flexibility cannot work without adequate funding. And this is a concern that we have heard repeatedly from people in this area and this State, that the size of the budget cuts are not something that will allow the State and local governments to go ahead and make appropriate changes.

Finally I think there is another important assumption that needs to be qualified at least, and that is that the private sector can do substantially more than what they are currently doing. I think this is very important to look at because this assumption ignores the very significant role that private organizations and volunteers and families and friends of older people are already playing in providing assistance to the older population. And I think in view of the commitments already being made at least in this area and I think it's true in other places, I think it's quite possible that they can't do significantly more in replacing Federal funding and in some cases State funding and cutbacks.

Bringing all of this back to this area, I think we're very apprehensive about what some of these changes may do to some of the very good programs that we feel exist and some of the very strong and effective partnerships that have been developed between public and private organizations.

In housing, which is an extremely important area for older people, we have just completed a 3-year study in developing a broader range of housing options for older people and we have really tried to look very carefully at the appropriate roles of public and private organizations in responding to these needs. We've also tried to emphasize support of the informal network of family and

friends and neighbors who actually provide most of all the assistance that's given to older people.

I think that in this area we have found that developers and housing sponsors have been very responsive and increasingly very interested in providing some of the housing options along with assistance from their local units of government.

I think we are very concerned that some of the changes that are being discussed will jeopardize the development of housing options at a time when housing costs continue to increase and when many older people would actually prefer to live in a different housing setting. We're also concerned that some of these changes may make it harder rather than easier for families and neighbors and friends to provide support to older people by eliminating some of the formal services that really provide respite for these people so that they can continue in a care-giver role.

In transportation, I think this area has a very good public mass transit system which also provides some specialized service for handicapped people of all ages.

Supplementing the service, we also have in the two urban counties some very effective title III supportive programs which try to pull together all of the public and private transportation resources that exist outside the public transit system so that all these pieces of transportation can really be used most effectively.

Again, we're concerned that cuts in public funding could jeopardize all of these transportation elements which are so critical and upon which so many older people are dependent upon in our area.

In health care, I think many very, very innovative health clinics and other programs exist in this area for older people. As you probably know, the Twin Cities is also a demonstration site for the health care financing administration's HMO medicare demonstration programs and that involves four different HMO organizations. We're concerned about the future of these programs as well as about proposals to increase health care costs to the older person.

In long-term care, I think there has also been quite a number of very significant developments in this area. They include the state-authorized preadmission screening program that have the potential, I think, for redirecting at least some medicaid funds from institutional to noninstitutional community-based long-term care. We have many very fine providers of in-home supportive services for older people, both public and private.

Again, I think our concern is that funding cuts across a range of areas will jeopardize some of these developments and make it more difficult to provide community-based long-term care services to our older population.

On a somewhat different level, I think we're also somewhat concerned that a lot of the rhetoric of the political process and the potential for competitiveness among different groups who need assistance could create resentment toward older people and I think this would move us backward in our effort to change the way our society views older people and views aging.

Last but not least, I think we're also concerned about the broader effects of these changes in communicating to older people and to society that older people are not of value and that their welfare is not a matter of public interest and concern.

I hope these comments have been helpful in getting an overview, at least, of some of the concerns that we have in this area and I certainly appreciate the opportunity to speak to the subcommittee and would be glad to answer any questions later.

Thank you.

[The prepared statement of Jane Whiteside follows:]

PREPARED STATEMENT OF JANE WHITESIDE, MANAGER, PROGRAM ON AGING, METROPOLITAN COUNCIL OF THE TWIN CITIES AREA

Members of Congress, before commenting on the impact of the 1982 budget on the older population of this area, I should say a few words about the perspective I represent, since I am neither a mayor nor a service provider like the other speakers. For almost ten years, I have been responsible for this region's area agency on aging program, which is located within the Twin Cities Area Metropolitan Council. The Council is a regional planning and coordinating agency. We are concerned with a Seven-County Area that includes more than a quarter of a million older persons and many hundreds of public and private organizations providing assistance to the older population. About half of our region's older people live in the cities of Minneapolis and St. Paul. The other half live in the suburban and rural parts of our area. Many of my general remarks will therefore reflect my experience with concerns of suburban and rural, as well as urban, aging people.

It's difficult for me to pinpoint precisely the impact of the 1982 budget on our older population. For one thing, it's hard to separate the effects of these changes from the effects of many other changes occurring at the federal, state and local levels. For another, we cannot yet see all the longer-term effects of some of these changes. In addition, the Older Americans Act has so far had relatively few changes and relatively small funding cuts. Changes in the old title XX, now the social services block grant program, have been much more significant and will be covered generally by the remainder of my remarks.

Other speakers have already given specific examples of effects they have observed. Therefore, I would like to focus my comments on some of our more general concerns about the way recent and proposed changes and budget cuts may affect our older population. As background for describing the potential impact of these changes, I would like to tell you about some of the positive things that have been happening here over the past number of years.

In housing, transportation, health services, long-term care, and many other areas, we have seen a growing awareness of aging people's problems; an increased willingness to work cooperatively on the part of local governments, health and social service agencies, and other private and voluntary groups; and a greatly expanded array of programs and services for the older population.

In housing, we have completed a three-year study aimed at developing a broad range of housing options for older people, with emphasis on involvement of both the public and private sectors and support of the "informal network" of families, friends and neighbors who are the primary sources of help for older people. Local communities have in many cases been creative in exploring ways of working with the private sector to help finance more housing for older people. In addition, developers and private organizations have been increasingly interested in developing housing options for older people; many of these groups have made financial commitments considerably beyond what they will ever be reimbursed for.

This area has a good public transit system that provides specialized, accessible service for the handicapped of all ages. Supplementing this service in our two urban counties are Title III O.A.A.-supported "social service transportation systems," where one agency in each county is funded to work with communities, other local groups, and volunteers in order to use more effectively the many, otherwise fragmented public and private transportation resources that exist outside of the mass transit system.

Many special health clinics for older people exist in our area. The Twin Cities is also one of the demonstration sites for the Health Care Financing Administration's HMO Medicare demonstration: four private HMOs participate in this publicly funded effort to find more cost-effective ways of providing health care to the older population.

There are many significant developments in long-term care. These include a new, state-authorized nursing home pre-admission screening program that has the potential for redirecting at least some Medicaid funds from institutional to community-based long-term care; Title III—supported home—delivered meals systems and

chore/home maintenance systems similar to the social service transportation systems I mentioned earlier; many effective homemaker and home health aide programs and the beginning of a good case management system; and, in general, a "formal" service system that is increasingly finding creative ways to use agency-provided services to support the major providers of assistance to the elderly—their families, friends and neighbors.

Our planning efforts as an area agency on aging have consistently emphasized determining appropriate funding and service-providing roles and responsibilities for all the public and private groups involved in the aging field. As our understanding of these roles and relationships has grown, we have increasingly been able to use our Older Americans Act funds to help build such a system. The transportation, home-delivered meals, and chore service systems that I mentioned are examples of this.

All these developments involve strong public-private partnerships. In fact, significant private-sector and volunteer involvement has been characteristic of aging services here from the very beginning, probably because there has never been enough money to meet all the needs we see.

With that picture as background, I would like to express some concerns about the kinds of proposals we have been hearing for the past year or so. These comments may be similar to others you have heard, but I believe they are important enough to bear repeating.

As other speakers have suggested, the idea that greater administrative flexibility can offset reduced funding—theoretically, less money will be needed because of efficiencies resulting from a more flexible structure—is based on some overly broad generalizations and assumptions. Some of these questionable assumptions are: (1) that current programs are generally not effective and should therefore be eliminated; (2) that flexibility will always result in efficiency and in better services costing substantially less, presumably even with inflation; and (3) that the private sector and volunteers can do much of what is currently being done by publicly funded programs.

While there is some truth to these assumptions, they also have some serious limitations. For example, most of us would agree that some aspects of current programs do not seem to be working as well as they might—particularly when it comes to financing and to incentives for efficiency in the area of health care. The administration's approach, however, fails to recognize that most of these problems exist because we are dealing with very complex issues, and that before we can develop better methods, we need to understand why some of these approaches have not worked.

Furthermore, many of our existing programs are effective. Drastic changes that do not discriminate between what works and what doesn't may do serious damage to the many good programs. That will put us even further behind in responding to the needs of a growing older population. The notion that the good elements of the system will somehow be recognized and survive is comforting but not very realistic.

Concerning the second assumption, there is no real evidence to support the idea that flexibility always results in greater efficiency. Nor is it always desirable—for example, when it comes to protecting the rights and well-being of the more "vulnerable" older people such as nursing-home residents. As you know, recent attempts to relax nursing-home regulations on inspections have generated a great deal of concern. This is not to say that all current regulations are good, but that the well-being of those who are at risk should not be jeopardized simply to promote the idea of flexibility.

Even more problematic is the fact that "flexibility" may never have an opportunity to work. That's because the accompanying cuts in funds were not based on any rational judgment about how much more efficiency can realistically be achieved, or what this would actually mean in terms of dollars. The flexibility has also been compromised by many specific restrictions that tend to lock states and local governments into many of the same programs that were funded in the past. We also are concerned that, over the long term, older people may not get their "fair share" of benefits under the block grant programs—although our counties here have tried very hard to maintain services to the older population in spite of the funding cuts.

Finally, we are concerned about the assumptions regarding the role of the private sector and volunteers. While these segments of the community are extremely important in providing assistance to older people, they are already doing a great deal and may not be able to do significantly more. This is especially true if the public funding upon which many of these provate organizations depend is no longer available to supplement their private resources.

When we look at the "informal network," including families, friends, and organized volunteer efforts, we again have to consider how much they are already doing. We hear over and over from people in our area that families are, for the most part, already doing as much as they can on their own. We also hear that the supply of volunteers is not unlimited and that it takes both financial and program support to recruit and utilize volunteers effectively on an ongoing basis. What some people have said about the public sector—that it cannot take care of everyone's needs—also applies to the private sector. A public-private partnership requires strong partners on both sides.

Coming back to our concerns for this region, we are apprehensive about what will happen to the momentum that has developed and the strong public-private relationships that have been built up over the past years if many of the changes being discussed are put into effect. We are concerned that our ability to respond to the needs of our older population will be jeopardized in many critical areas. These include:

Slowing the development of a broad range of housing options for our older population. This occurs at a time when housing costs are continuing to increase and many older people would actually prefer to live in a different housing setting.

Making it harder, rather than easier, for families to continue to support their older members. One way this can happen is by eliminating some of the formal service assistance that gives families respite from their care-giver roles, which allows them to continue to provide support for a longer time.

Through lack of critical public funding, destroying our social service transportation system and weakening the public mass transit system upon which many older people depend.

Jeopardizing our special health services for older people and increasing the burden of health care costs on the older individual, without addressing basic problems in the health system itself.

Counteracting our efforts to redirect funding from institutional to community-based long-term care and to develop strong, cooperative methods for providing many of the needed community-based services.

Through the rhetoric of the political process and the potential for competitiveness among the different population groups that need assistance, creating resentment toward older people. This would move us backward in our efforts to change negative societal attitudes toward elderly people.

And last, but not least, affecting the dignity and sense of worth of older people by communicating to them that they are not of value and that their welfare is not part of the public interest.

This list does not even begin to address concerns regarding the future of Social Security and other income-related issues, since I have tried to address my comments to your subcommittee's focus of human services.

I appreciate this opportunity to comment to your subcommittee on same of the potential effects of recent and proposed federal legislation. Thank you very much.

Mr. VENTO. Thank you, Ms. Whiteside. Next we will hear from Ann Long, who works for the Wilder Foundation in St. Paul and directs the multiservice program for the elderly.

STATEMENT OF ANN LONG

Ms LONG. Thank you.

It's a great pleasure to speak before this group and it's a great honor to the elderly of this community to have this hearing be held in the Twin Cities.

Jane has given a good overview of the local picture, the problems we're facing, the variety of factors that are at work that are creating pressures upon services for the elderly and on the life of the elderly and I would like to move directly to describing how I am seeing the effects among the St. Paul providers and also look at it from the foundation's perspective. I understand foundations are very much on people's minds today as a possible solution and I can perhaps tell you how we're dealing with Federal budget cuts.

I've seen some very creative and positive actions taken locally in the last few years, not just within the last few months but over the

past few years. The pressures on this system have been building and we've seen some very good things happening. There has definitely been an increased emphasis on coordination, the home-delivered meals program, the transportation program, and many providers in Ramsey County have been coordinated to improve services to individuals. They get the services better, they get the services faster, and the resources of many organizations are being stretched and through this system and it's working.

We're also seeing renewed emphasis on developing partnerships with community groups to supplement the formal service delivery network. The contribution of volunteers is receiving a great deal of attention and planning. It's interesting to us who are working in aging services because volunteering has been the lifeblood of aging services for years. At the centers, in the home-delivered meals program, information referral, transportation, you typically see a small number of staff hours leveraged into a huge amount of service through the services of volunteers. We're happy that this wonderful method is receiving attention but in no way can it be seen as a sort of quick-fix for a budget problem. It does take coordinating, it does take work to develop a volunteer system.

Let me state just for a moment how the changes are affecting the Wilder Foundation's program of services. The Wilder Foundation is providing a wide range of services for the elderly, including housing, nursing home care, health day care, transportation, meals, homemaker, and nursing services at the senior center and employment services.

These services are subsidized by $2 million annually from the foundation's resources and the rest of the operating dollars which I think are around $8 million for services to the elderly come from Government and other contracts.

So this service system is so diversified that, indeed, we are sensitive to changes in funding patterns. The major changes we've seen right within the foundation are that homemaker services and day care services have—are receiving less money because of the title XX cuts.

Now, for the short-term we have been able to shift our resources and keep getting those services out to clients but the money, more or less, is all accounted for in this array of services and there is not too much shifting that you can do. Another response we've made is to develop some innovative programs to test new methods of service delivery.

I will just briefly describe two initiatives developed in the foundation. One is a care-giver support program designed to assist family members who are caring for chronically ill elderly in their homes. That's how most of the health and social services for the elderly is being delivered is by families and we're trying to support that and learn how to support them in this very difficult and unpaid but important role.

Another new program is the senior information services which uses the block organizing model to help isolated older residents in neighborhoods.

Despite the adjustments in programs, in focus and management that I mentioned, the budget cuts are distinctly being felt both at organizational level and far more importantly, by the elderly

people who we see every day. There is just no question. I'll cite you a few examples.

The clients who are needing in-home services are being put on waiting lists. Their needs can't wait. When we can't respond to their needs in a timely fashion, there often is unnecessary institutionalization and Daphne Krause is an expert in that. She will tell you more about that.

But we're looking at conditions people have. They need a service. They are in their homes and many of these conditions are reversible. They are short-term, but oftentimes they are forced to seek institutional care. The process is irreversible and I might say extremely expensive for the public.

Another thing we're seeing is that there is a danger of losing a preventive focus in services. Some of the broad scale programs like congregate dining, senior center programs and nurse clinic are a first line of defense against isolation and poor nutrition, both great risk factors for the elderly. Dollars saved on those programs may well end up being spent by medicare for acute medical services.

We have a lot of fans of the senior aide program here. I will just say that I am among their number. I think it is a wonderful program and it certainly should be continued.

Those are just a few examples of some of the places we just are not quite making ends meet here.

In conclusion, I want to mention that indeed it is true that I am sure with careful planning the administration of elderly programs could be streamlined, could be more rationalized by very good local planning and control of some of this but sufficient dollars, whatever their source might be, they must be available or we simply are not going to achieve the goal for which all these programs were started which is to provide a decent level of services, a decent level of income and a range of opportunities for the elderly persons of our country.

Thank you very much.

[The prepared statement of Ann Long follows:]

PREPARED STATEMENT OF ANN LONG, DIRECTOR MULTI-SERVICE PROGRAMS FOR THE ELDERLY, AMHERST H. WILDER FOUNDATION, ST. PAUL, MINN.

We're here to look at how the 1982 Federal budget cuts and administrative changes have influenced the status of our urban elderly. It must be noted that there are other important influences on elderly persons' wellbeing and agencies ability to respond to their needs. The effects of inflation and the increasing numbers of elderly, especially those in the over 75 age group, have created great pressures on our systems even before the recent and proposed cuts.

I'd like to mention first some creative and positive actions we've seen locally over the past couple of years in response to these pressures:

There's been an increased emphasis on prioritizing needs and improving cooperation between public and private agencies. In Ramsey County the Home Delivered Meals and Transportation programs of many providers have been coordinated to improve service to individuals and really stretch resources.

We're seeing a major effort at developing extended partnerships with community groups to supplement and enhance the formal efforts in the service delivery network. Agencies are looking at meaningful partnerships with business, neighborhood groups and families to tap and pool resources on behalf of the elderly.

The contribution of volunteers is receiving increasing attention and planning. Individual volunteering has been the lifeblood of many aging programs for years. In Center settings, in congregate dining sites, in transportation and home delivered meals programs small numbers of staff hours bring large scale contributions by volunteers. At the Center where I work our volunteers, most of them elderly, perform

staffing and planning functions, do peer counseling, support less able members, do telephone reassurance and also provide a lot of services to the larger community. The recent recognition of the importance of volunteers is a heartening development. However it must be said that further marshalling of their talents and commitments cannot be done overnight in response to the narrow needs for cutting budgets.

How have changes affected the Wilder Foundation's programs?

At the Wilder Foundation we're providing a range of services for the elderly, including housing, nursing home care, adult day care, transportation, meals, homemaker and nursing services, senior center and employment programs. These services are done in cooperation with many public and private agencies and founding sources. We spend about $2 million dollars a year on services for the elderly. Our emphasis is on providing preventive programs that maximize options and independence for those we serve. A diversified system of services like ours is very sensitive to budget cuts. Title XX funding changes have meant less money for our day care and homemaker services. Resources have been shifted so that we can continue to serve clients in these programs, but this, of course, is a short-term situation. In this climate of change, like other local service agencies, we have developed innovative programs to test new methods of service delivery. I'd briefly like to describe two new initiatives developed at the Wilder Foundation. The Caregiver Support is designed to assist family members who care for chronically ill elderly in their homes. Most services and care for the elderly in the country are not accomplished by private service providers but by informal networks of friends and families. Our goal here is to support these caregivers in their difficult and important work.

A second new program is the Senior Information Service, using a block-organizing model to identify isolated older residents in neighborhoods, increase their involvement in the community and develop neighborhood response to their needs.

Despite the adjustments in programs and management that I've mentioned, the budget cuts are distinctly being felt at an organizational level and by the elderly people whom we see every day. As Mayor Fraser has pointed out, many broad cuts in city services which affect all our citizens are especially hard on elderly persons, and the elderly poor. From the social service provider standpoint, there are increasing waiting lists for in-home services. Client needs for in-home services often arise from short-term, reversible health problems. When we can't respond to these needs in a timely fashion, unnecessary institutionalization often results. And once the decision is made to seek institutional rather than community Based care, a irreversible process is often set in motion.

There is a danger that providers will be able to provide only services that will enable people to somehow survive and that a preventive focus will be lost. The broad scale programs like Congregate Dining, Center programming, and nurse clinic, are a first line of defense against isolation and poor nutrition, both factors for the eldery. Dollars saved on such programs may well end up being spent by Medicare for acute medical services.

Continuation of the federally subsidized Title V Senior Employment Program is also at risk. The Senior Aides in St. Paul are low income elderly who receive through the program a monthly paycheck of about $240. The aides in the program provide a huge amount of valuable community service, and receive an income which stands between them and poverty. It enables them to live in dignity as productive members of our community.

It is true that the administration of elderly programs could be streamlined and rationalized by more local planning and control. A local focus also offers more potential for community input and ownership of programs. But sufficient dollars, whatever their source, must be available.

In the past years we have seen budget decisions come first, with hastily made policy decisions coming later. It is crucial that in this climate federal, state and local officials not lose sight of the goal of providing a decent level of services, income and opportunities to the elderly people of this country.

Mr. VENTO. Thank you, Ann. Daphne Krause.

STATEMENT OF DAPHNE KRAUSE

Ms. KRAUSE. Mr. Chairman, Mayors Latimer, and Fraser, thank you for asking me to speak before you. I do have, and am submitting, full testimony for the record including other information.

Mr. VENTO. Thank you and it will be made part of the record.

Ms. KRAUSE. Very briefly, then, I want to say that MAO [the Minneapolis Aging Opportunity Center] was founded in 1969. Its expressed purpose was to provide alternatives to unnecessary institutionalization, whether in a hospital or a nursing home, if it was not necessary by providing levels of care. And to do that you needed a very broad range of services, including the fact that you needed to make sure that people were getting the medical attention they needed when they needed it.

Too many times we found that older people would delay getting medical care because they couldn't pay the cost above medicare and this exists now. And that was a horror story when we opened it up. At Northwestern Hospital we literally opened free health care.

I think it would be useful to get a little background. Last year MAO served 10,425 unduplicated people through our network services. We served a further 46,000 unduplicated people in the Twin Cities through our voluntary action programs. Some of the sources that we provide in addition to free clinic care with six full time physicians, free inpatient hospital care, it's homemaking chores, transportation care, legal, home delivered meals, home health agency, again, are not going to, into older services. There are too many and I have provided additional information.

I think that I share the respect of volunteer services. We have over 240 volunteers in addition to our 176 staff and our volunteers last year provided 44,965 additional hours of service. But I hope, respectfully, that you will understand when I say there is a place that you can use volunteers, depending on their expertise, and a place you cannot, if you are truly providing an alternative to very severe medical conditions.

Our budget last year was $753,239. Now, that's from all sources. Our community development block grant—thanks to Mayor Fraser and our city council—was $250,000 and, yes, that is a very important program because it provided us with the pivot to get the other funding from Hennepin County, from title III, title XX, from businesses, donations and so on. In other words, we pulled together everything we could from Federal, local and private sources to fund our network which I understand is what the Government is telling us to do. We did it. And we know that MAO has been proven to be extremely cost effective and even more importantly humanly effective. You can't be cost effective unless you do the job. You've done nothing.

And yet our funding is starting to erode, it's starting to be precarious. Because we have a network of funding, we're suffering a network of loss. It's sort of a domino effect. For example, you can't shut down 12 of our 13 mini clinics. You can't withdraw nurses from high rises serving the elderly. We are cut back on the hours in title XX in home care. We, too, may lose senior aides who have done magnificent work with us and so on.

In fact, in the last 2 years, overall, with its domino effect, we have already lost $277,575. Now I've been talking grants and programs. I guess we all have. But what we're really talking about is human beings and their needs.

I'd like to give you just three examples to set the atmosphere. This man, he's 88 years old, he's got cancer, cataracts, hyperten-

sion, and he lives or exists on $380 a month. Another one we're serving is 85, diabetes, hypertension, varicose veins, degenerative joint disease. He's confined to a wheelchair. He's living on $391 a month. A third is 91. He has a fracture, osteoporosis, uses a walker, a wheelchair, cataracts, his vision is poor.

Now, those are examples of people that we're serving. But they are also examples of the type of people we are not serving because we don't have the funds to do so.

Yet the facts are that if we kept only 200 seniors with those kinds of problems in independence and let's say the cost was $8,000 per year in a nursing home—and that is very, very modest—multiply by 200. That comes to $1,600,000 a year. Our total budget is $753,239. So if we just kept those 200 people out of the thousands we serve out of a nursing home, we would save the Government $846,761 very real dollars. We have testified about these savings before Congress and the Senate. We've taken supportive data and documentation in to prove and support my statements.

But one of the hardest things emotionally that we have to deal with is the fear of older people about whether we can continue to serve them. Literally, we're bringing in life supporting services. How on earth can we truly assure them when we don't know the bottom line of the cuts ourselves?

For example, how is it possible to cut medicare and not cut services to the sick, elderly when medicare currently only pays 38 percent of the total cost? Now I understand that most hospitals pass along their losses on medicare to private patients whose insurance companies are outraged and have to raise their premiums to make up the difference. So again you see the domino effect; now you see it, now you don't, where the raises and where the losses come. One of the insurance ads is openly advertising on television now, "You know that medicare isn't going to cover the cost; you had better buy another insurance policy to cover the cost they won't."

And we are told that they are reducing medicare again. You know, most of all, if I could give any message of despair to reach to Washington, it would be this: We need to know what is happening. There are so many rumors and trial balloons and everything is so complex that it is hard for anyone to really understand the effect, particularly the domino effect, of these cuts.

For example, what benefit has the elderly definitely lost and in what programs? Where have there been shifts in money from one pot to another, what does this mean to these programs and therefore to older people? What cuts in benefits are now being proposed and what will they mean in loss of services?

And you know, I would really like to see a very concise list of the cuts in services and programs made through the interpretation of the different laws by the various Federal agencies in Washington and how this will affect older people.

Some of the losses I've heard mentioned both by our mayors and others before them and I believe that they are only the tip of a growing iceberg. That's my feeling.

We must ask the question, is it the concensus of our country to provide care for our elderly, particularly the sick and the frail? If the answer is affirmative, then our Government should stop cutting benefits and services. If the answer is no, then they should be

open and accountable to the elderly and general public and stop saying it won't hurt the elderly because it will and it has.

Finally, I want to say this: That if services and benefits are removed at one level, it will only lead to more expensive care at another level. So that all that has really been done is to shift the burden of the costs. We will not have saved the budget or reduced the national debt. However, the end result may well reduce some of the lives of some of our elderly.

Thank you.

[The prepared statement of Daphne Krause follows:]

PREPARED STATEMENT OF DAPHNE H. KRAUSE, PRESIDENT, MINNEAPOLIS AGE AND OPPORTUNITY CENTER, MINNEAPOLIS, MINN.

Thank you for inviting me to speak before this Hearing. My name is Dahne Kruse, I am President of the Minneapolis Age and Opportunity Center (M.A.O.), located at 1801 Nicollet Avenue, Minneapolis, Minnesota 55403.

I understand and share your concern about fragmented service delivery systems, which I believe are largely the result of fragmented funding sources.

I would like to tell you briefly about M.A.O.. I have provided packages of information for those of you interested. The Minneapolis Age and Opportunity Center (M.A.O.) is a non-profit Agency that I conceptionalized in late 1967, and after analysis of existing fragmented services with Older Adults and others, we incorporated M.A.O. and obtianed funding in 1969 from Title III of the Older Americans Act to start services.

The purpose is to provide a Network of extensive Social, Supportive, and Medical Programs, at various levels, providing older people and some younger nandicapped with the services they need, where and when they need them, either for episodic, rehabilitative, or on-going services, that provide realistic options to institutionalization that is not needed, whether in a Nursing Home or Hospital.

Last year M.A.O. served 10,425 unduplicated people through our Network and Voluntary Action Programs. Of these, 5,273 received 213,634 Network Services. Not included are the Medical Services we provide free to older people, through our Clinic and our Hospital Programs with Abbott-Northwestern Hospital, who have provided outstanding quality medical care to the people we serve.

A few examples of other M.A.O. Services provided by our 176 Staff are: Homemaking, Chore/Handyperson, Transportation, Legal (2 full-time Attorneys), Counseling, Employment, Home Delivered Meals, Pharmacy, Home Heal.h Agency—Nurses and Home Health Aides, Health Counselors, Diet Counseling, Special Health Counseling (Chemical Dependency), M.A.O. 24-Hour Emergency Services and Invalid Assistance, Meals in the Community, M.A.O. Crisis Funds, Tele-care, Free Blood (1st three pints not paid by Medicare), Operation Friendship, Information and Referral, and so on.

M.A.O. also uses 240 Volunteer's services whenever possible, last year they provided 44,965 additional hours of service.

M.A.O.'s current budget from all sources is $753,239 our Community Development Block Grant of $250,000 granted by Mayor Fraser and our City Council is the pivot that has enabled us to put together a consortium of grants from Title XX of Hennepin County to serve their specified Clients, from Title III to serve other specific needs, from Abbott-Northwestern Hospital to provide services to their Patients, donations from Businesses, Individuals and so on.

In other words we have pulled together everything we could from Federal, Local and Private Sources to fund our Network. This is funding action that the Government asks us to do. M.A.O.'s Network works, it has been proven cost effective, and humanly effective, and yet our funding is starting to erode and is very precarious. Because we have a Network of funding, we are suffering a Network of loss, it is a domino effect. For example, we have had to shut down our 13 Mini-Clinics, withdraw Nurses from two Highrises serving hundreds of elderly. Drastically cut back subsidizing our Home Delivered Meals, until we received Title III money recently—but then we were told we should not expect funding next year. That they may only fund Volunteer Programs.

Title XX has had to cut back on hours we may serve their Elderly. We are expected to, and indeed we want to expand our CDBG Grant Services City-wide, but must do this with $1,750 less dollars than last year.

I have been talking of Grants and Programs, but to us they represent the Elderly we serve. Good people whose taxes supported their City and Country before they retired, and who now need our help.

Here are three actual examples:

	Per month
R.J. 88—Has cancer, cataracts, hypertension	$380.50
E.R. 85—Has diabetes, hypertension, varicose veins, degenerative joint disease, confined to wheelchair/walker	$391.37
E.H. 91—Has a left hip fracture, Osteoporosis, uses walker or wheelchair, hard of hearing, cataracts so vision very poor	$379.30

These are also examples of the type people we are not serving, because we do not have the funding to do so. Yet, if we only kept 200 similar Elderly out of institutions whose estimated costs per year would have been $1,600,000 at $8,000 per year per Patient, and instead kept them in their own homes by providing M.A.O. Services, we could deduct M.A.O.'s Annual Budget of $753,239, and still save the Government $846,761 dollars. We have testified to these savings before your Committee in Washington bringing supportive documentation with us.

One of the hardest things emotionally we have to deal with, is the fears of the Elderly about whether we can continue to give them services. To them M.A.O. literally brings life supporting help. How can we truly reassure them, when we do not know the bottom line of the cuts ourselves.

For example, how is it possible to cut Medicare and not cut services to the sick Elderly when Medicare only covers 38 percent of the total cost. I understand that most Hospitals "pass along" their losses on Medicare to Private Patients, whose insurance companies are outraged and have to raise their own premiums, again an example of the domino effect. And what of the insurance ads that openly tell the Elderly that Medicare will not cover costs, so they had better buy more insurance. What of the ones that cannot afford to do so.

Most of all we need to know what is really happening, there are so many rumors and "trial balloons" and everything is so complex, that it is hard for anyone to understand, for example:

(a) What benefits have the Elderly definitely lost, and in what programs?

(b) Where have there been shifts in money from one pot to another, what does this mean to which programs, and therefore to the Elderly?

(c) What cuts in what benefits are not being proposed, and what will they mean in loss of services.

(d) I would also like to see a very precise list of the cuts in services and programs made through the interpretation of the different laws by the various Federal Agencies in Washington, and how this will affect older people.

Some of the losses have been mentioned by Mayor Fraser and others. But I believe they are only the tip of a growing iceberg.

We must ask the question, is it the concensus of our Country to provide care for our Elderly, particularly the sick and the frail. If the answer is affirmative, then our Government should stop cutting benefits and services. If the answer is no, then they should be open and accountable to the Elderly and general public, and stop saying it won't hurt the Elderly, because it will.

Finally, I want to say this, that if services and benefits are removed at one level, it will only lead to more expensive care, at another level, so that all that has really been done is to shift the burden of the costs. We will not have saved the Budget or reduced the National Debt. However, the end result may well reduce some of our Elderly.

Mr. VENTO. Thank you.

Indeed, that was an eloquent and superb way to conclude our formal statements for today, Daphne. You never let us down with your analysis, however biting. However, I might like to hide under the table just to have been in Congress when some of those questions were asked.

Indeed, there is a raging debate over proposals to make further social program cuts. I don't know what drives it—if it's innocence, or if it's ignorance; I sometimes fear it's indifference. I think that most of us who have been in public office, or roles such as yours, should understand that there is a bottom line. Perhaps savings can

occur, but obviously there is no free lunch with these social programs. Most of us understand that.

The problem is that some of the proposals put before Congress look like a telephone book and people don't know what is in them. They may be voting for an idea, or a theology in terms of economics, rather than a proposal that has a very specific reality in terms of how it affects people. I only hope that we can, in the future, avoid those types of consequences we had last year because I think it generates a bad image of Congress and the role that we try to play as careful and thoughtful legislators.

I know that this committee, chaired by Claude Pepper, and this specific subcommittee, chaired by Mario Biaggi, has made an extraordinary effort to try and highlight the impact of social program cuts.

Mayor Fraser, you have been a leader in fighting for title XX. I remember my first experience in the House in which you fought for the high level of title XX funds. I remember at that time you were trying to go from 2.3, I think, all the way up to 3.1 or 3.2. Well, today we're back down to 2.4, and, of course, I need not tell anyone at this table that that means less services and with the factor of inflation, less in terms of literal dollars. Plus, of course, the reductions have had a substantial impact on the elderly.

The title XX program has a maximum of flexibility, I would say, compared to the other block grant programs that we have talked about.

Would it be helpful, for instance, to pull other programs into such a program as title XX or not?

Ms. Whiteside.

Ms. WHITESIDE. I think it would be helpful to State and local governments in dealing with some of the problems they are faced with. I think that people that are involved in the aging field, however, would have some concern about that. In this particular area, I think our counties so far have been very careful and very good about trying to see that the needs of older people were being met even with all these changes and cuts that have been coming along. But I think there is still some concern that over the long term, if the cuts continue and particularly if more and more programs that are benefitting older people in a significant way right now, that if those things are simply folded into a block grant program with no particular protection for older people. I think there is a real concern that older people won't come out of it too well.

Mr. VENTO. Mayor Latimer, Mayor Fraser.

Mr. FRASER. While we're talking about funding, there is one point I wanted to make. I heard Wilbur Cohen recently argue for the separation of social security from the consolidated budget and I couldn't agree more. I think rolling social security into the consolidated budget has been a disaster in deceiving the American people about what is going on in social security, but also recognizing that it's a separately funded program and has to stand or fall on its own merits and it ought not to be all tied up with defense and other extraneous irrelevant—irrelevant to the welfare of older people. I don't know if that's possible but I really think it would contribute enormously to a wiser and more profitable handling of the Federal

budget. I don't know if there's a chance for that or not, but I just wanted to get my licks in on that.

Mr. VENTO. Frankly, that is a lively discussion. I think there is a real effort at this time, and I think it is appropriate, to depoliticize the administration of social security. I think if we could do that—and that includes removing social security, for instance, from the unified budget.

We would go a great distance toward dealing with some of the real problems of social security. We have got to improve people's understanding of the problem.

Mayor Latimer, St. Paul, as well as Minneapolis, has utilized 202 funds very well in providing specialized housing for the elderly and handicapped.

Why is that important in terms of the total housing stock for families and so forth in our community?

Mayor LATIMER. Mr Chairman, if we do not do a better job for alternative housing opportunities for seniors, then the housing opportunities that could otherwise be freed up for newer families, younger couples, are simply never going to go on the market. So, we find, for example, when we had our most recent midrise—you are familiar with the Windslow Midrise over on West Seventh Street—about 75 percent of those people came from within walking distance of where they had lived to move into those midrises. This, then, opened up those sound, good but older homes for younger families to take over at a reasonable level and so it has that extra benefit to people of middle age or younger than middle age for housing that otherwise would not be available without 202 activity for seniors

Mr. VENTO. Do you find these sentiments among your colleagues in the U.S. Conference of Mayors, Mayor Latimer?

Mr. LATIMER. That is right. As a matter of fact, our housing committee, which just passed a resolution, even went so far as to recommend offering support to those cities that offer innovative alternative housing for the seniors.

Mr. VENTO. Let me pursue a different tack. I thank you for your answer.

Ms. Krause, what is the effect of having a program one year but not the next year, in other words sort of an off again, on again authorization? We have the title V senior aide program now scheduled to sunset this year and the Reagan administration is opposing the continuation of that program. It is an important program, I take it, in Minneapolis, and it surely is in St. Paul, as was pointed out by Ann Long with the Wilder Foundation.

What is the effect of having a start-stop program with this or any other program? What does that do to your network of services that you so ably put together, Ms. Krause?

Ms. KRAUSE. Well, it means constantly trying to stretch ourselves beyond the point of no return. Those 44,000 volunteer hours, about half of them were spent—hours that gave volunteer hours and there is a point which you cannot go beyond. Specifically the senior aide program is a very important program. We have three of them at MAO. And, you know, one of their important jobs when people come in the clinic is to welcome them, to say hello, to watch and see if they are nervous, give them coffee, cookies, whatever, to

make them feel that here they are going to get taken care of. And that is incredibly important to their fears.

And there are many other things of this kind of things as well.

I will not even begin to talk about what it does to the senior aides for themselves. That has been discussed before. I am saying they are needed. I think perhaps the worst effect of the on again, off again syndrome, the domino effect, is what it is doing to the people we serve.

I remember a year ago there was talk about cuts in funds and we had seniors, one woman who is blind, a double amputee, saying, "Am I going to get through today?" You met her once, Don, do you remember? She said, "Are you going to feed me today?" Those are the kinds of things. We are providing insecurity to those people at a time in their lives when they need security and support. They need to know those services are coming

If you keep disturbing them long enough, you are going to cause them to become so upset that many will end up in a nursing home when they did not need to because of their fears.

Mr. VENTO. Thank you: Ann Long, the Wilder Foundation, works in a number of different areas, including the multiservice program for the elderly. I am very familiar with the Wilder foundation's work. I saw Claire Rocko who was here today and I have visited with the program extensively in St. Paul. As a foundation do you seek out private aid from other sources? The Wilder Foundation, of course, itself, has a significant commitment to its programs. Are there extra dollars that can be had to either expand programs or enhance them? Why do you think Federal dollars are so important? Cannot sufficient money be obtained from other sources?

Ms. LONG. The Federal dollars coming into the Wilder Foundation definitely leverage the services, the endowment that is available

Mr. VENTO. Could you give me a specific idea of how much leverage you get from Federal money. If I put a dollar's worth of Federal money into a senior aide program or some of the other programs, how many other dollars does it attract or how many other dollars are currently there to go along with it?

Ms. LONG. OK, the ratio at this point is about $1 from Wilder, $3 from outside sources. However, there are specific programs that are 100 percent subsidized where we see a need, where we see a possibility like the care-giver program, adult day care, making an impact on services in the community. It is an expensive service like transportation that other people are just not going to provide. For some of the more typical services, however, it is one Wilder dollar for three.

Mr. VENTO. One Wilder; how many Federal dollars, or don't you know?

Ms. LONG. OK, let us say we have four quarters in the dollar; the Wilder quarter is one. I think the next two are Federal and the next is the combination of State, county, contracts, private, et cetera.

Mr. VENTO. So, for every Federal dollar there is one dollar put in by Wilder and one dollar by the State and city. And without the Federal dollar, you do not believe the city will or can make it up?

Ms. LONG. Absolutely not: It is a huge, huge budget.

Mr. VENTO. You point out this issue of transportation: I thought maybe Ms. Whiteside would also like to respond because I know that there is a lively interest in this area with regard to transportation assistance. One of the recommendations is to not provide any operating subsidy for transportation, but simply to provide the capital structure. How important are the operating subsidies to the programs that you are involved in?

Ms. LONG. Yes; well, they are terribly important. And transportation services in this very difficult climate, when you are looking at the fact that 45 percent of the people in the population are likely to have specialized transportation need at one time or another; they are just terribly important.

Mr. VENTO. Ms. Whiteside, did you want to respond to that transportation issue?

Ms. WHITESIDE. Yes; I would like to.

I think the operating funds are very, very important because that is the money that you need on an ongoing basis. I think there are many more ways to get local clubs or organizations to contribute a vehicle or pay for some of the one-time capital costs that exist in social service transportation that we have in this area. But it is really the operating money that is the most difficult to come by and it is the operating money that we provide through a number of title III Older Americans Act grants.

Mr. VENTO. Very good.

Ms. Krause.

Ms. KRAUSE. Yes; what happens is when the seniors need to go to a medical appointment to get care, they have to—if they do not have transportation paid for from title III or CDBG as we do—they end up getting a minibus which costs the taxpayer about $60 for the round trip for unnecessary care. If it is necessary, the cost is different. We can do the same trip for $12.50.

Mr. VENTO. Very good, so there is a substantial saving.

Ms. KRAUSE. Yes.

Mr. VENTO I thank our two mayors for bringing in these expert witnesses. I think that they enhanced the presentations that were made today, and we appreciate it.

We also appreciate the participation of all of you and your help in making this a successful hearing.

Special thanks should also go to Senator Pepper and subcommittee chairman, Mario Biaggi, and especially to the staff.

The meeting stands adjourned.

[Whereupon, at 5:30 p.m, the hearing was adjourned.]

APPENDIX

City of Albuquerque
P.O. BOX 1293 ALBUQUERQUE, NEW MEXICO 87103

MAYOR
[illegible]

CHIEF
ADMINISTRATIVE OFFICER
[illegible]

June 17, 1982

Robert M. Buhai, Chairman
Subcommittee on Aging
United States Conference of Mayors
1620 Eye Street NW
Washington, D.C. 20006

Dear Mr. Buhai:

In response to your request for my testimony on the local impact of federal funding cuts and administrative changes, the majority of the cuts in Title XX, food stamps, low income utility assistance, housing, and community service administration have had an accumulative effect upon the 15,000 low income senior citizens who live in Albuquerque.

Even though these cuts have not directly affected the city's aging program, they have increased the demand for services from the city's aging programs and this demand has not been adequately met because of limited funds and resources. Although there is an increase in the demand for services, it is impossible at this time to give an accurate and definitive assessment of the effects of recent cuts.

I recognize and support the need for a balanced budget and welcome the decentralization of federal programs to the state and local level as long as there are adequate resources to fund these programs. The federal government must support local governments' input into the planning, monitoring and prioritizing of these funds if the administration is going to be decentralized. The flow of block grants from the federal level to the state level without local involvement could result in increased bureaucracy and administration overhead expenses that could be better used by programs serving the aging.

In times of federal cutbacks and tight budgets, it is mandatory that cost efficiency and productivity be maintained and, if possible, improved upon. In order to achieve this, I feel

that the flow of federal funds would reach more people at the local level if the funds came directly from the national offices to urban governments of 150,000 or more, and to state governments who would administer the funds for smaller municipalities. If this direct funding is not possible, then there should be state pass-through of federal funds with priorities and decisions made at the local level rather than at an elevated level of government that is not in direct contact with recipients of services. This would give local governments the authority and responsibility for planning, coordination and prioritizing of federal funds.

At present, the changes in programs and services affecting the elderly in the City of Albuquerque have been minimal as a result of federal cuts. This is due to the fact that the City of Albuquerque has been very successful in finding other sources of funds such as State, County and private. In addition, the city has made a major commitment of its general fund to support aging programs. City funds allocated to aging programs in Albuquerque have increased from $91,000 in 1977 to over $900,00 for FY'83. State funds have increased from $82,000 in 1977 to $482,000 for FY'83, and county funds have gone from $12,000 in 1977 to $45,600 for FY'83.

In addition to public funds, the city's Office of Senior Affairs has been very successful in generating private funds through fund raisers, fees for services and the establishment of a Senior Aid Foundation. Approximately $250,000 of private funds will be generated for FY'82. The generation of these private, county, state and city funds is in compliance with the New Federalism and demonstrates what can be done to offset said federal cuts. However, it is impossible for state and local funds to completely absorb cuts in programs such as housing, food stamps, Title XX, utility assistance and others.

If the aging programs are to be maintained at an adequate level to serve the elderly, there must be a partnership in the commitment of funds and resources from all levels of government as well as the private sector.

Sincerely,

Harry E. Kinney
Mayor

HEK/kma

City of Allentown
Pennsylvania 18101

Joseph S. Daddona
Mayor

June 10, 1982

TO: Robert M. Buhai, Chairman - Subcommittee on Aging

FROM: Joseph S. Daddona, Mayor J.D.

Local Impact on Services for the Urban Elderly
As a Result of Federal Funding Cuts

The City of Allentown, Pennsylvania wishes to share its views upon the impact federal funding cuts and administrative changes have had on services provided to Allentown elderly residents. Our City has experienced drastic demographic shifts. Our elderly population is returning to the City where the services they need are readily available. The Area Agency on Aging has already experienced two budget cuts which thus far have resulted in the layoff of staff personnel as well as a reduction in the level of services they provide. This reduction of services affects not only the elderly, but the community as a whole. According to the 1980 census, the population of Allentown totaled 103,758 persons. This represents a 5% decrease from the 109,572 persons that were counted in the 1970 census. On the other hand, the population of persons 65 and over has increased 11.3% from 15,007 counted in 1970 to 16,696 counted in 1980. This means that 16.1% of Allentown residents are of age 65 and over. Persons aged 60 and over comprise 22% of our total population which means that one of every five Allentown residents is elderly.

In contrast to Allentown, the County of Lehigh has experienced a 6.7% growth of population from 255,304 persons in 1970 to 272,349 persons in 1980. Its elderly population, those persons over the age of 65, has also experienced an increase from 28,074 in 1970 to 35,404 in 1980. Of these 35,404 persons, 47.2% are Allentown residents. An effect of this shift is evidenced by the fact that there are 884 occupied subsidized elderly units in Allentown and a waiting list of 1,150 people.

The Area Agency on Aging (AAA) has completely eliminated its weatherization program. Little funds remain for the fuel assistance program. The Senior Citizen Centers' nutrition budgets have been reduced by 20 meals per day. Emergency services have been reduced,

placing more emphasis on family responsibility during evening, weekends, and holidays. Legal services for the elderly have been reduced by 25%, and their transportation budget has also experienced some cuts.

With 8.7% and 12.5% federal cuts already experienced, the AAA has begun de-emphasizing the Senior Citizens Centers which provide a habilitative as well as rehabilitative environment. With shrinking dollars and more clients in need of services, major emphasis is placed on those clients in need of home-care. Many of these people, although they continue to receive the same services, have experienced a reduction in the level of services received.

How does all this affect Allentown? First, Allentown's population is getting older with many of the old-elderly (75 years or over) residing in the City. Due to the cost of nursing home care which averages approximately $1,200.00 per month and the federal cuts which have affected medicaid and medicare programs, more elderly are staying in their homes. A broken hip can confine an elderly person to their home for months at a time forcing that person to become a burden on the family. The family would ultimately feel a necessity to apply for nursing care if it were not for services of the AAA. It is more therapeutic to be cared for amidst familiar and friendly surroundings than to recuperate alone. The family relies on AAA to relieve some of the burdens placed on them. A cut from eight to six hours a week for service is drastic to someone who has come to rely upon those services.

Many of Allentown's elderly population not residing in subsidized housing units are alone and shut-in. There are no family or friends to assist in the everyday chores which are so essential, such as grocery shopping, medical appointments, etc. The services of AAA assist these people in maintaining their own existance. They provide friendship and compassion to the desulate who otherwise would have none.

The de-emphasis of the Senior Centers is not a matter of choice but one of necessity. The elderly who frequent these centers are, for the most part, able-bodied persons with families and friends nearby. Although they are also in need of services, it is felt a higher level of services are required for those who need assistance in caring for themselves. The de-emphasis of the Senior Centers mean that the recreational, therapeutic, and transportational programs will suffer although it is believed that their worth is extremely benefical to the mental and physical well-being of the elderly.

All the federal source cuts experienced thus far have had a moderate impact on all the programs administered through the AAA. The 8.7% reduction made during Fiscal Year 81-82 has in part been madeup through a special grant by the state legislature from state lottery proceeds. But his will not always be the case.

It is the opinion of the City of Allentown that programs such as those administered by the AAA have definite and documented need. Long term care provides a spectrum of services which are less fragmented than they were ten years ago, but are still fragmented. The City of Allentown makes the following two recommendations which would assist in maintaining those services which are essential to our elderly population.

(1) Federal dollars be matched with state contributions. Currently there is less than a one-to-one match from the state.

(2) Savings realized by both state and federal government from the de-emphasis of nursing homes be rechanneled through in-home service programs. In may instances home care is less expensive than nursing care and reduces tension associated with institutionalization.

URBAN ELDERLY IMPACT SURVEY

City Allentown State PA Federal Region ____ Population (1980) 103,758
Percentage of Elderly: [ ] Less than 11%; [ ] 11-15%; [xxx] Over 15% 16.1 %
Relationship of City with Area Agency on Aging: [ ] City administers, [ ] City part of governing board, [XX] Advisory, [ ] Funding/contractual; [ ] Little or none.

Respondent Melissa Kleese-Lee Title Equal Opportunity Officer Phone (215) 437-7773

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1. The FY82 federal budget included a number of reductions in domestic spending, as as well as proposed administrative changes (i.e. block grants). How would you rate the overall impact of federal funding cuts on programs for the elderly in your City?
   - [ ] Too early to assess, can't measure
   - [ ] Minor impact (little known cuts, changes)
   - [X] Moderate impact (cuts and/or adjustments in some programs/services)
   - [ ] Major impact (major reductions of programs/services)
   - [ ] Elimination

2a. The following are a number of program areas in which reductions have occured. How would you assess the impact of federal funding cuts on these programs for the elderly in your City? Please check the impact on each program.

	PROGRAM	MAJOR	MODERATE	MINOR	CAN'T ASSESS	HAVE CUTS BEEN MADE UP WITH OTHER FUNDS? yes	no
	Crime & Safety						
	Employment Oppt.						
	Health Services						
	Housing/Shelter						X
	In-home Services		X				X
3	Legal Services		X				X
	Nutrition	X	X				X
	Social Services		X				X
2	Transportation/Access		X				X
1	Weatherization/ Fuel Assistance	X	X				X

2b. Going back to the listing of programs, please rank the top three most severely impacted programs. (1 = most severely)

3. What is the present number on waiting list for senior housing? 1,150
   Estimate relationship to current units: 57 %. Have these numbers altered significantly this past year? [X] Yes; [ ] No. Are housing programs for the elderly being curtailed in your City? [ ] Yes; [X] No.

4. Have programs for the elderly in your City experienced reductions in other sources of public funds? [ ] No, not significantly, [X] Yes, indicate:

	SOURCE	MINOR	MODERATE	MAJOR
[X]	State		X	
[ ]	County			
[ ]	City			
[ ]	Other			

Best Available Copy

City of Annapolis

P. O. BOX 1668
MUNICIPAL BUILDING
ANNAPOLIS, MARYLAND 21404

June 9, 1982

Mr. Robert M. Buhai
Chairman, Subcommittee on Aging
The United States Conference of Mayor's
1620 Eye Street, Northwest
Washington, D.C. 20006

Dear Mr. Buhai,

As the Mayor of the City of Annapolis, Maryland, and as a private citizen, I am deeply concerned about the impact Federal cutbacks will have on the 6,500 people over the age of 60 who live in our city. They, along with 30 million counterparts in the nation, will be facing their "Golden Years", with unwarranted dismay and confusion. Threatened Social Security changes, and for many reduced or terminated benefits, makes it appear that the elderly of our Country have been the offering to the Federal chopping block. The tragedy is that the elderly poor have already been left with little margin for survival. There will be acute changes in living for the 60+ population in Annapolis.

The Anne Arundel County AAA office has informed us that they have been notified of a 10% cut in the Federal Nutrition Program for the elderly. They city senior citizen's center reports that they are seeing more people each day who want to enroll in the hot lunch program. We are sure that the daily meal is a means of supplementing their Social Security check. The social aspect of eating together is not as important as the food that helps them survive in such hard times. Even though they are a part of the "make do" generation, it is a difficult setback to face in retirement years.

The AAA funds: The County transportation programs this past year had a surplus of funds available for "quick" grant requests. Unfortunately we were not contacted to see if we were in need of funding for transportation or anything else.

99-344 O—82——6

The City Commission on Aging has contacted the Area Agency, hoping to open some doors and develop more co-operation and concern for the elderly of the City of Annapolis. Previous requests have been received cooly, in fact, casually, although they do include our 6,500 seniors when they present requests to the State Office on Aging for funding. It appears to be a process of systemtic elimination. The AAA agencies are often too politically controlled. Their funding is often slanted toward the older established agencies when those agencies should be making requests to their corporate budget.

The desolution of the Community Service Employment Program (SCSEP) is a tragedy. We feel the cut locally at the senior citizen's center. We have five aides who supervise programs and assist in the Nutrition program. They are already informed that their program ends September 30. Federal guide lines mandate that you must be within poverty level income to even be eligible for the program. What will happen to the more than 54,000 senior aides when the program is phased out?

We haven't enough low to moderate income housing for the elderly in our city. The 490 Pulbic Housing units for them are already filled. We understand that HUD does not have funding for additional housing units in our area. Rents will be going up in July. The retired people will have difficulty coping with an additional concern in their lives.

Vital information to programs on aging is often sent from the State Office on Aging to the area agencies on aging. Unfortunately that information is not sent to the local governments or it is sent to late to be of any use.

We understand that the Federal Energy Assistance program is to be cut by 450 million dollars. We have documented requests by many low income elderly residents of our city who will be affected by these cuts. Last winter was harsh. The city has no funding to assist, but the senior programs will be trying to raise money to be used for this particular coverage. The local churches do what they can, but I am afraid the winter will be grim for our elderly in poverty.

Knowing that funds have been cut for the home care programs, our Office on Aging is revamping a Senior Aide Training Program, using local facilities and instructors, in order to provide some home help and shopping for infirm elderly and to provide part time employment for many of the older women who need their incomes supplemented in order to meet expenses. The older woman in our community, like older women everywhere, are victims of statistics. Often times they can fill that void in their lives with meaningful outlets. Now,

more than ever, their need is more financial than social.

Although we have not presently applied for a block grant, the City Commission on Aging has been holding planning sessions where that type of funding could be effective. The City of Annapolis presents block grant requests to the county government. To date, their has been a spirit of concern and cooperation on the part of the County Planning Office. The problem will be who and how the funds will be distributed to the local governments making requests. There will have to be a careful monitoring system in order to keep the funds from being politically footballed.

The cuts in Medi-caid and Med-icare programs will have a devastating effect on the elderly of the nation. Slashes are unconscionable, cruel and devastating.

We are fortunate in Annapolis to have people in the private sector who are already reacting to the plight of the elderly. We are right now in the process of structuring a weekly clinic that will be staffed by a local doctor and members of the retired nurses organization. We have a facility that will need paing and tiling, however, we have received a donation from the Navy Chaplains organization to provide funds for equipment and the necessities for the project.

Although many of the programs and services we have to offer are bandaide, we dare not reduce services or programs below there present level.

I encourage and support anything you and the members of your committee can do to prevent the destruction of life sustaining programs for our most treasured population.

There has to be a way.

Sincerely,

Richard Lazer Hillman

Richard Lazer Hillman
Mayor

STATEMENT OF
KEVIN H. WHITE, MAYOR

BOSTON, MASSACHUSETTS

I AM PLEASED TO HAVE THE OPPORTUNITY TO REVIEW THE IMPACT OF FEDERAL BUDGET CUTS ON SERVICES TO ELDERS IN OUR CITY. CHANGING DOMESTIC POLICY, ALONG WITH ALTERED INTERGOVERNMENTAL RELATIONSHIPS AND REDUCED FEDERAL LEADERSHIP IN RESOURCE REDISTRIBUTION ARE CAUSING MAYORS, CITY MANAGERS AND MUNICIPAL OFFICIALS TO RE-EVALUATE MANAGERIAL SYSTEMS, LOCAL SERVICES, AND PUBLIC-PRIVATE RELATIONSHIPS. THE CITY OF BOSTON IS FACING FINANCIAL, DEMOGRAPHIC, SOCIAL AND ENVIRONMENTAL CHANGES SIMILAR TO MANY OLDER CITIES IN AMERICA. IN ADDITION, BOSTON IS FACED WITH A SERIES OF REVENUE REDUCTIONS: LOCAL BUDGET CUTS RESULTING FROM STATE PROPERTY TAX REFERENDUM, PROPOSITION 2½, A $30,000,000 SCHOOL BUDGET DEFICIT, AND AN ADVERSE COURT DECISION REQUIRING PROPERTY TAX ABATEMENTS TO LARGE LANDLORDS AND COMMERCIAL PROPERTY OWNERS. IN 1982, THE COMBINED LOSSES AMOUNTED TO 40% OF THE MUNICIPAL OPERATING BUDGETS. DEEP CUTS IN FIRE, POLICE, PUBLIC WORKS, HEALTH AND HOSPITALS, AS WELL AS RECREATION, COMMUNITY SCHOOLS, LIBRARIES AND TRAFFIC HAVE HAD A DISPROPORTIONATE EFFECT ON THE CITY'S POOR AND ELDERLY.

BOSTON'S ELDERLY POPULATION IS SIGNIFICANTLY OLDER THAN THE AVERAGE IN THE STATE. IT REPRESENTS MORE THAN FIFTY PERCENT OF ALL OLDER MINORITIES IN THE STATE AND IS DISPROPORTIONATELY POORER THAN ANY OTHER CITY OR TOWN'S POPULATION OF ELDERS. THESE ELDERS MORE COMMONLY RENT OR ARE HOUSED PUBLICLY THAN ELSEWHERE IN MASSACHUSETTS. THE CONSEQUENCES OF MAJOR FEDERAL REDUCTIONS IN MEDICARE AND MASS TRANSIT, TITLE XX, THE OLDER AMERICANS ACT AND COMMUNITY DEVELOPMENT BLOCK GRANTS ARE MAKING THESE NUMBERS MORE DRAMATIC. THE CONSEQUENCES ARE BEING FELT THROUGHOUT BOSTON. HOSPITAL AND EMERGENCY SHELTERS HAVE INCREASED ADMISSIONS. NUTRITION SITES AGE SEEING GREATER MALNUTRITION AMONG ELDERLY. AND, THE LENGTH OF THE WAITING LIST FOR PUBLIC HOUSING NOW STANDS AT FIVE YEARS.

AS MAYOR, I HAVE ALWAYS FELT A SPECIAL RELATIONSHIP TO THE ELDERS IN THE CITY. THEY HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE GROWTH OF THE CITY AND WE OWE THEM THE OPPORTUNITY TO LIVE THEIR LAST DECADES INDEPENDENTLY, WITH DIGNITY AND SECURITY. IN 1970, TO FULFILL THIS PUBLIC RESPONSIBILITY, I ESTABLISHED A COMMISSION ON AFFAIRS OF THE ELDERLY WHICH HAS BEEN PIVOTAL IN SERVICE, PROVISION, COORDINATION, PLANNING AND COMMUNICATIONS WITH CITY HALL REGARDING THE ELDERLY FOR THE PAST TWELVE YEARS. AS A MAYORAL DEPARTMENT, THE COMMISSION PROVIDES BOTH DIRECT SERVICE TO AND ADVOCACY FOR BOSTON'S 100,000 ELDERS THROUGH A VARIETY OF PROGRAMS WHICH INCLUDE:

- A PARATRANSIT SYSTEM OF 25 SENIOR SHUTTLES
- A MULTI-LINGUAL GOVERNMENT BENEFIT UNIT
- A 24 HOUR HOTLINE
- A MONTHLY NEWSPAPER, BOSTON SENIORITY
- A DISCOUNT PROGRAM
- A PUBLIC INFORMATION AND LEGISLATIVE UNIT
- TECHNICAL ASSISTANCE AND SERVICE TO 250 SENIORS CLUBS
- 650 VOLUNTEERS THROUGH RSVP
- 100 SENIOR AIDES
- A HEALTH SERVICE UNIT

THE COMMISSION IS ALSO THE CITY'S AREA AGENCY ON AGING, RESPONSIBLE FOR THE ADMINISTRATION AND MANAGEMENT OF APPROXIMATELY 3.0 MILLION DOLLARS OF OLDER AMERICANS ACT FUNDS. THE COMBINATION OF A MUNICIPAL SERVICE AND ADVOCACY DEPARTMENT AND A FEDERAL PROGRAM ADMINISTRATIVE UNIT HAS ALLOWED US TO STREAMLINE ELDERLY COMMUNITY BASED SERVICES, CONSOLIDATE DUPLICATIVE PROGRAMS, AND PROVIDE A SINGLE LOCATION FOR CITY-WIDE PLANNING AND MONITORING OF ELDERLY SERVICES AND ADVOCACY. AS A RESULT OF THE STREAMLINED, AND CENTRALIZED NATURE OF THE ELDERLY COMMISSION IN BOSTON, IT HAS BEEN POSSIBLE TO ADMINISTER REDUCTIONS EFFICIENTLY.

HOWEVER, MAXIMALLY EFFICIENT PROGRAM PLANNING AND MANAGEMENT CAN ONLY DULL THE BLOWS CAUSED BY SEVERE CUTS OR ELIMINATIONS IN KEY HUMAN SERVICE AREAS.

BOSTON'S ELDERS HAVE BEEN HIT HARD BY THE REAGAN ADMINISTRATION'S CUTS, AND ARE NOT BENEFITING FROM POLICIES SUCH AS REDUCED TAXES OR INCREASED WEAPONS DEVELOPMENT. ELDERS HAVE LOST BENEFITS IN THE AREAS OF HOUSING, SOCIAL SECURITY, FOOD STAMPS, SOCIAL SERVICES, HEALTH, RECREATION, AND CULTURAL SERVICES. SIMULTANEOUSLY, THEY ARE BEING ASKED TO CONTRIBUTE INCREASED AMOUNT OF THEIR INCOMES FOR ASSISTED HOUSING, AND FOR CO-PAYMENTS IN MEDICARE AND MEDICAID.

SPECIFICALLY, IN THE CASE OF HEALTH CARE, THE RAMIFICATIONS FOR THE ELDERLY ARE PERVASIVE. PROPOSED MEDICARE CHANGES INCLUDE: REQUIRING A 5% COPAYMENT ON HOME HEALTH VISITS; INDEXING MEDICARE PART B DEDUCTIONS TO THE CONSUMER PRICE INDEX TO KEEP FACE WITH INFLATION AS OPPOSED TO THE CURRENT RATE OF SEVENTY-FIVE DOLLARS WHICH WOULD UNDULY PENALIZE ELDERLY WHO ARE ON FIXED-INCOMES. PROPOSED MEDICAID CHANGES INCLUDE: REDUCING BY 3% MEDICAID MATCHING RATES TO STATES FOR OPTIONAL SERVICES SUCH AS NURSING HOME CARE (LEVEL THREE); HEARING AIDES, ADULT DENTAL CARE AND EYEGLASSES; AND A REQUIREMENT THAT ADULT CHILDREN CONTRIBUTE TO THE COST OF LONG-TERM INSTITUTIONAL CARE.

BOSTON'S ELDERS ARE FEARFUL ABOUT INCOME SECURITY. THEY ARE CONFRONTED WITH QUESTIONS AS BASIC AS: WHERE CAN THEY AFFORD TO LIVE, HOW CAN THEY AFFORD TO BE SICK, AND HOW TO MAKE CHOICES BETWEEN FOOD AND FUEL. THE ELDERLY, PERHAPS MORE THAN ANY AGE GROUP, RECOGNIZE THAT HIGH QUALITY PUBLIC SERVICES BIND TOGETHER SOCIETY AND REMIND US THAT WE ARE DEPENDENT ON ONE ANOTHER FOR SURVIVAL. THEY ARE NOT ALONE IN THEIR DEPENDENCE ON GOVERNMENT, YET THEY ARE OFTEN MORE WILLING THAN OTHERS TO BE ACTIVE IN VOICING THEIR OPINIONS BOTH IN VOTING AND LOBBYING MAYORS AND CITY COUNCIL MEMBERS AS WELL AS STATE CONGRESSIONAL LEGISLATORS. THE VOICES OF 100,000 IN BOSTON HAVE BEEN RAISED AND WILL CONTINUE TO BE RAISED IN ORDER TO PREVENT THE CONTINUED DESTRUCTION OF OUR URBAN COMMUNITY.

THE CITY OF BOSTON URGES THE UNITED STATES CONFERENCE OF MAYORS TO INSIST THAT THE PRESIDENT PROVIDE LEADERSHIP WHICH WILL PROTECT ELDERS, PRESERVE THE QUALITY OF URBAN LIFE, AND INSURE THAT THE FEDERAL GOVERNMENT DOES NOT LOSE SIGHT OF ITS SPECIAL OBLIGATION TO SENIORS EVERYWHERE. WE ARE A WEALTHLY, PROUD AND RESOURCEFUL COUNTRY AND, WE MUST RESTORE OUR PRIORITIES WITH FULL RESPECT FOR OUR ELDERS.

CITY OF BUENA PARK

CALIFORNIA 90622

MAILING ADDRESS: P.O. BOX 5190 PHONE (AREA CODE 714) 521-9900

OFFICE OF THE MAYOR

June 11, 1982

Robert M. Buhai, Chairman
Subcommittee on Aging
U. S. Conference of Mayors
1620 Eye Street, Northwest
Washington, D. C. 20006

Dear Mayor Buhai:

The concerns expressed by Seniors in our community generally fall into three major categories:

1. Concern for reductions in Medicare;
2. Concern for reductions in the mental health programs, especially with attention to the frail elderly; and
3. Concern for cuts in Social Security.

Additional comments included:

- Mental health programs are important for Seniors.

- It has been stressed repeatedly that Seniors don't want reductions in Medicare, rather would like to see this area strengthened.

  Suggestion: Possibly the Mayor could utilize a cross-reference to reports, pertaining to these three issues, put out by legislators.

- Unemployment is one of the greatest factors affecting the impact of Social Security.

- A program is needed to guarantee long-term security financing without any cuts.

- Health, Medicare, Medicaid and programs to improve and strengthen the Social Security system in these areas are needed.

- The politics of the Social Security system issue and a non-partisan program of action in 1982.

SENIOR CENTERS

Senior centers are another major concern and should be planned with, not for, older people. Senior citizens themselves should be involved in every phase of the development and operation of a center and its programs and services.

ON FOCAL POINT MODELS

Focal points as mandated by the Comprehensive Older Americans Act Amendments of 1978 should be described in terms of functions, not as places.

Three senior center focal point models are recommended for Buena Park, the choice of which will depend on the particular situation:

- The Comprehensive Senior Service Center - a facility-based focal point serving a specific geographic area with a significant senior population.

- The Special Population Group Senior Service Center - a focal point serving target groups, such as specific cultural or ethnic populations or the frail elderly, which draws its clientele from a wider geographic area - from a community of interest.

- The Mobile Senior Service Center - a mobile unit serving small, scattered or isolated senior populations.

ON DESIGNATING EXISTING SENIOR CENTERS AS FOCAL POINTS

In the process of designating senior centers as focal points, the following should be considered:

- The range and effectiveness of services currently offered and the size and diversity of the population currently served.

- Outreach efforts, access, and breadth of program currently offered, as well as potential for expansion.

- Ability to perform outreach services to smaller neighbor-based programs.

- Level of community and senior acceptance and support or center, and perceived comfort for various categories of seniors (i.e., frail, mobile healthy, minority, etc.).

- Issues of access, equitableness, needs assessment, and planning for service delivery in such a way as to minimize gaps in service.

- Social clubs should not be given priority as focal points in most instances.

- Citizen input should be part of the selection and designation process.

- Any center designated as a focal point (whichever model) must have the potential to become the access point to the total range of senior citizens services, coordinating and facilitating service access and service delivery for all senior programs in the service continuum.

ON SERVICES

Technical assistance should be provided by the Area Agency on Aging to designated centers so that program inclusiveness and appropriate scope of activities can be developed.

Intensive outreach should be directed toward the diverse cultural and ethnic groups, so that seniors from these groups will feel welcome and involved in senior services. Appropriate cultural enrichment services should be provided to ethnic and minority subgroups.

Special attention should be given to the needs of frail elderly persons to assist them in maintaining independent living. Services should include outreach, assistance with shopping, transportation, nutrition programs, medical programs, and day or night care for specific problems.

The chronically ill elderly should be served in community programs. Access, outreach efforts, and supportive services should be provided to these individuals in order to maintain quality of life in their own homes or to move toward deinstitutionalization where feasible and financially possible.

Senior service center focal points should complement, not replace, less formal senior programs. Access by older persons to comprehensive services should be facilitated through civic, religious, recreation or neighborhood-based programs, and, by the same token, senior service centers should provide information, referral and access services to these less comprehensive programs.

Focal point centers should coordinate services for their clients through case management and advocacy when the clients are involved in services from the social and health services network of the larger community.

ON STAFFING AND STAFF QUALIFICATIONS

Focal point centers, nutrition sites, and recreation/socialization centers should have a staff director, with remaining staff size dependent upon the extent of the population to be served and special circumstances.

The director of any facility should have formal training and/or appropriate experience. Ability to relate to seniors is more important than the age of the individual.

Some staff positions should be filled by older persons.

All staff members should hold positive views and expectations of older people.

Volunteers of all ages should supplement the paid staff of any facility.

Ongoing training programs should be accepted center personnel policy for both paid staff and volunteers.

Ethnic and minority group seniors should be recruited to serve as staff members, volunteers and board members in senior services and programs.

Needs assessment and outreach techniques and skills should be highly developed within senior center staffs, so that changing community conditions, populations, and new needs can be readily identified.

ON SENIOR SERVICE FACILITIES

Senior program facilities should be designated for exclusive senior program use whenever possible.

If an all-purpose, multi-age community center is to be utilized for senior programs, the following conditions should be met:

- Specific hours should be set aside for senior programs only.
- Rooms should be set aside for exclusive use of senior programs.
- Entrances and exits should be located to provide easy and unobstructed access for seniors, including frail and disabled.
- Staff should include persons who relate well with senior citizens, as well as some seniors themselves.
- Seniors should be represented on the center's advisory and policy-setting boards.

[illegible] existing senior program centers should conduct a needs and [illegible] population, potential population, program needs, and [illegible]. Many centers are too small to serve the existing clientele, [illegible] senior population.)

[illegible] existing facilities, such as hospitals, schools and [illegible] buildings, churches, and store fronts, as sites for senior programs [illegible] areas.

[illegible] facilities, or conversion of existing structures should be planned [illegible] and expanding senior population.

[illegible] a facility should evolve from program users, with seniors providing [illegible] and program development.

[illegible] - the ability to utilize space for a variety of purposes - [illegible] objective in facility design.

[illegible] should be utilized when possible in shopping centers, mobile home [illegible] and other areas where there is already a resident or user [illegible] centers and/or accessible transportation opportunities.

[illegible] barriers preventing easy access to less mobile seniors should be [illegible].

[illegible] of other facilities to accommodate groups with specialized needs [illegible] the frail elderly should be considered.

[illegible]

[illegible] of additional private and public funding for senior services and facilities [illegible] actively investigated and pursued. In the case of physical facilities, [illegible] financing mechanisms should be explored.

[illegible] and program staff should increase their knowledge, sophistication [illegible] skills to seek and attain adequate funding for senior programs.

[illegible] for allowing us the opportunity to present our testimony from the City [illegible].

Sincerely,

James J. Jarrell

James J. Jarrell
Mayor

OFFICE OF THE MAYOR
THE CITY OF EAST ORANGE, NEW JERSEY

THOMAS H. COOKE, JR.
MAYOR

TESTIMONY

House Select Committee on Aging

Senior Citizens - Impact of Funding

The City of East Orange has become home to more than 20,000 senior citizens who reside in 13 subsidized senior buildings scattered around the City. Favorable tax laws and funding emphasis by HUD (e.g. Section 202) have created a popular trend in new construction of senior citizen housing. These seniors are fortunate. Their residency in the subsidized buildings provides them access to a variety of free or discounted services: van shuttles to markets and stores, free lunch program, free or low-cost medical care through local health facilities, etc.

However, the balance of the senior population, some 7,695, live at home, dependent on relatives and the generosity of friends or neighbors for their survival. These people are struggling to maintain their homes as costs rise, to retain their dignity and independence as their bodies begin to fail them. They comprise 12.5 percent of the City's population.

The budget for senior citizens care is derived from three sources: the municipal budget, a portion of the Community Development Block Grant managed by the City, and the Council on Aging. But since these sources are diminishing

rapidly, the City has begun to discourage further development of senior citizen housing. The situation is further compounded by the competition among agencies for municipal and block grant funds.

Within the local economy, the situation has become critical. In the first six months of this year, the City conducted two rounds of lay-offs, including police and fire personnel. All traditional municipal services have been reduced, and we anticipate the closing of one fire station and at least one of the three branches of the public library. Support for senior citizens becomes much less of a priority when local officials face the prospect of reduction of staff at the police and fire departments.

Clearly, then, senior citizens are doubly victimized. First, in a direct manner, they lose in the competition for reduced funds. Secondly, they suffer indirectly when there are insufficient levels of protection from crime and fire, and when other health and safety services provided by local government are delivered at the most perfunctory level. The outlook for senior citizens in this City is not good; they face further deprivation, increased isolation and a swift decline in the quality of their lives. Without federal intervention, this City will not be able to support its growing population of senior citizens.

Testimony - House Select Committee on Aging

New federal guidelines limit the amount of Community Development Block Grant funds which may be used for public services to ten percent of the grant. This ceiling limits the City's capacity to provide the services which aging citizens require.

The City currently provides the following services through its Division of Senior Citizens: transportation to shopping areas, nutrition sites and medical facilities; outreach and referrals; a telephone reassurance program; assistance in locating housing; recreational activities; food stamp counseling; recreational, cultural and educational trips.

We will continue to provide these services for as long as possible, but their continued existence is questionable if federal support is further diminished.

Hearings - June 22, 1982
50th Annual Conference of Mayors

CITY OF FORT WORTH, TEXAS

CITY COUNCIL
CITY HALL / 1000 THROCKMORTON STREET
FORT WORTH, TEXAS 76102
870-6150 / AREA CODE 817

June 8, 1982

Mr. Robert M. Buhai, Chairman
Sub-Committee on Aging
United States Conference of Mayors
1620 Eye Street, N.W.
Washington, DC 20006

Dear Mr. Buhai:

I welcome this opportunity to express my concerns to the very pertinent issues of the aging population of this country, particularly as it pertains to the City of Fort Worth.

According to the 1980 census figures for Fort Worth, the over-60 population is counted as 62,830. The census in 1970 showed 32,060 for this city. This is a dramatic increase in needs for our older population, as well as the citizens who will enter this age category in the next ten years.

The City of Fort Worth uses less than 10% of the Community Development Block Grant for all the social service programs and the Federal government has funded the Neighborhood Resources Development Program which contributes to Meals-on-Wheels.

This city worked well with the Area Agency on Aging and Senior Citizens to try to find out how and what can be done to meet these growing needs. Within the last month, a public "Town Hall" meeting was held to determine how the older population is responding to the situation they must confront in their day to day living; and to ask what they would need to enrich their lives. We are in the process of forming a "Mayor's Committee on Aging" to try to deal with the various problems that affect this population.

The following issues are the major concerns that were discussed:

- Fixed income was of particular concern for those who are drawing Social Security. Inflation was the biggest worry and the rising cost of necessary utilities was foremost next to food and clothing. The fear of losing any income from any source is a great concern.

- The various agencies could not project how possible Federal cutbacks will affect their programs as they have not yet received information on allocations for FY '83. There have been increases in the demand for programs such as Meals-on-Wheels and Home Health Care.

- Affordable housing is another major concern. Many of the older citizens own their homes and desire to stay in them. Repairs and taxes are forcing them to consider selling their property and living elsewhere; except they cannot afford to do so. Also, there are not enough low-cost dwellings to meet the need. Congregate living arrangements were viewed with great interest as it would offer companionship as well as a sense of protection from crime.

- Transportation is another major obstacle when it is needed for trips to the grocery store, medical facilities, or social events. The high cost of vehicle maintenance and failing health requires many to sell their cars and to depend on public transportation or on volunteers. Although some transportation is available, it is not geographically accessible to all parties.

- Health care was a topic in which there was some discouragement noted in that those citizens who had managed to save money for their retirement would need to deplete their savings to pay for a catastrophic illness if it occurred and would not qualify for Medi-Care or Medicaid until they were reduced to a poverty-level of income.

- Older citizens also perceived crime as a major concern. Many fear leaving their homes even for short trips and even fear public transporation as it may encourage criminals to attack them while waiting to be picked up. Living alone makes them vulnerable targets for theft and vandalism.

- The older population also wants to remain active and a part of the community. Many are forced to retire before they are ready, and want to continue to work and support themselves as long as possible.

- Volunteerism is embraced when the cost can be kept low in regards to transportation and meals. Part-time jobs to supplement fixed incomes is a particular goal for many.

- The final questions is what can be done to alleviate the social problems that exist and who will pay for it.

Not all older citizens need or desire help from a governmental source, but many do and have come to rely on a source of income and services. Social Security, Medi-Care, and Medicaid are programs that allow many citizens to remain independent and a vital asset to their community.

Sincerely,

Bob Bolen
Mayor

BB:plw

CITY OF MAPLE HEIGHTS

OFFICE OF THE MAYOR
EMIL J. LISY, MAYOR

MUNICIPAL BUILDING
5353 LEE ROAD
MAPLE HEIGHTS, OHIO 44137
662 6000

June 11, 1982

Mr. Robert M. Buhai, Chairman
Subcommittee on Aging
United States Conference of Mayors
1620 Eye Street, Northwest
Washington, D. C. 20006

Dear Mr. Buhai:

The attached testimony is submitted per your letter of May 21, 1982. Realizing that our City is far from unique in this matter, I have chosen to briefly illuminate our City's past and present responses to the problems of its elderly. Our future responses and successes have yet to be determined.

Sincerely yours,

Emil J. Lisy
Mayor

EJL:cg

Enclosure

cc: File

T E S T I M O N Y

THE PLIGHT OF THE SUBURBAN ELDERLY

Submitted to: The House Select Committee on Aging

At: The 50th Annual Conference of Mayors

June 19 - 23, 1982

Minneapolis - St. Paul

Respectfully submitted by: Emil J. Lisy, Mayor
City of Maple Heights, Ohio

THE PLIGHT OF THE SUBURBAN ELDERLY

The needs of the underserved elderly who live in the suburbs are becoming a national problem.

Maple Heights, Ohio, is not unique. Like many other communities, it is experiencing a population shift resulting in a high concentration of elderly residents in need of a multitude of services. In the 1970 census it was reported that our City's population was 34,093 with 11.8% of our residents over sixty years of age. Ten years later, the 1980 census reports that our population has declined to 29,735 residents, 20.5% of whom are over sixty years of age.

Maple Heights is considered a blue-collar community. Many of its residents are on limited income and are faced with a variety of problems. Approximately 32% of our elderly are poor or near poor. Many are living alone trying to survive in an everchanging economy. The unrealistic poverty guidelines as issued by the Department of Health and Human Services published in the Federal Register, April 9, 1982, classifies an elderly person who receives $4,680 as poverty stricken. That amount averages to $390.00 a month. Many of our senior citizens who receive $390.00 per month are not even eligible to receive assistance because this income is considered too high for food stamps and S.S.I. It is a testimony to their resourcefulness and endurance that they have managed so well. These are the very Americans who have helped build this great nation. These are the elderly who are meeting the challenges of the 80's and are struggling to survive.

As government funding subsidies for public social services are being withdrawn, we as a suburban community are being faced with a critical problem. Again,

our problem is not unique; many suburban cities are being faced with similar circumstances. We simply cannot turn our backs to our elderly population and accept cutbacks in Federal spending for services for the elderly. These people want to stay at home, they want to be self-sufficient and maintain their independent lifestyles. They continue to contribute their many talents to the community. They want to live their lives with dignity.

In Maple Heights, we have special programs for the elderly. Some are funded by the Older Americans Act, some are coordinated with private social service agencies and some are funded directly by our City. Through good management and imaginative programming we have been able to continue to serve our elderly population with funds that have not increased since 1980. In 1980, our senior citizen program served over 1,200 elderly. At our current level, in 1982, we will have served over 2,600. Our multi-service Senior Center provides a nutrition program, transportation, telephone reassurance, outreach services, services to the frail elderly, recreational services and supportive services to anyone sixty years plus. Our records also document several specific life-saving services. Because we are functioning with 1980 funds we have not been able to hire additional staff or increase the salaries of existing staff members. Unfortunately, our reward for good management will be a cutback in Federal dollars.

There is a growing concern to all who are associated with serving the needs of the elderly: Where will we go from here? President Reagan has recommended that the private sector and the generosity of the people will cure our funding ills. But this, by far, is the greatest injustice of all. How can we expect people who are out of work to contribute to private charitable agencies? This year, United Way, in our County, is being faced with a deficit of $3 million. This has occurred not because we who are generous are reneging on our charitable contributions but because

18,000 people who have pledged money are unable to pay because they are unemployed. United Way funds many of the agencies with which we coordinate our services. For over four years the local Red Cross chapter has provided blood-pressure screening services to our program participants. Beginning in January 1982, budget restrictions forced them to withdraw 25% of their professional services. Also because of budget restrictions a local hospital recently had to withdraw the services of a staff psychiatrist who was providing mental health counseling to our seniors on a weekly basis. Legal Aid is another service whose funding has been cut drastically. Presently they are able to provide legal counseling only once a month. This service has been provided at no cost to our low-income elderly.

The elimination of these special program areas that are funded through charitable funding sources are just the beginning. The suburban elderly are looked upon as more affluent than their urban counterparts. This is a misconception. We have many poor and near poor who desperately need special services that are planned specifically to meet their growing needs.

As our Older American grows older, something will have to be done. Our problem in the suburbs is real and each of us will be faced with this reality. We must choose to resolve it.

We have scientifically lengthened life. Now we must make our later years worth living.

PREPARED STATEMENT OF WILLIAM FOX, MAYOR NEW BRUNSWICK, N.J.

Federal Funding cuts will affect deeply our Senior citizens and the programs provided by the New Brunswick Senior Resource Center.

The budget cuts in essential programs are compounded further by the circularity of money-saving devices included in the Budget proposal. An example: The Energy Assistance Program will be cut by .55 billion dollars from 1.85 billion for FY 1981 to 1.30 billion for FY 1983. These Energy Assistance payments will be considered income in determining income eligibility for food stamps. Similarly, in determining eligibility for Housing Assistance, food stamps will be considered as income. The Senior population will actually lose much more than the budget cuts imply if taken at face value.

In addition, Medicare cuts will put more of the financial burden on the Senior citizens themselves. With today's high medical costs, this money must come from what remains of the Senior citizens' savings. Those who don't have money in the bank simply won't be able to seek essential medical help. Medicare co-payment increases for home health services are proposed for FY 1983. These, too, will affect the Senior citizen adversely. Many more of the Senior population will be unable to meet the costs of living independently. This in itself is a false economy. Alternate modes of living will have to be found in more costly boarding homes, nursing homes or hospital facilities.

The Older Americans Act is scheduled for drastic budget cuts of nearly 334 million dollars in FY 1983. This includes a 10% reduction in Senior Center and Social Service funding; an 87 million dollar cut in funding for jobs for older workers by the elimination of the Title V Employment Program; a reduction by more than 33 million in nutrition funding which often provides the only hot

meals these older citizens receive; State Agencies on Aging and Older American reseach programs will also be cut by 8% or more.

For example, at just the time that the New Brunswick Senior Resource Center moves into its full capacity providing social service, educational, and referral programs, we are presented with not only a 12 % per year inflation rate, but the additional prospect of a 10% budget reduction. This means that we face the spectre of a 20 to 25 % cutback in services to our more than 2100 members. At a time when our referrals to service-providing agencies become more and more difficult because of their own cuts in staff and budget, we are having to be more selective as to which cases are given priority. On our full time staff of four, we have an educator who has experience with the multiply-handicapped adult, but there are too few backup agencies able to work with us in the area of problems of the handicapped and those agencies are already overburdened. Thus, our Center cannot encourage as many as we would wish of the grossy handicapped or immobile to participate in our everyday activities. With our lesser handicapped population we must rely on the generosity of our more active members to help us.

Our first cutbacks are necessarily in the area of entertainment and recreation, both in quantity and in quality and where ingenuity fails, we must ask our members to share the costs from their already meagre resources. This means that those most in need of the therapeutic effect of a day trip cannot afford to participate.

Our free breakfast program will be the last service we relinquish because we know that (especially toward the end of the month) this, along with the YWCA Nutrition Site meal, may be the only nourishment available to certain of our members.

The concern about feeding a cherished dog on food stamp allotment is matched only by the requests at the end of the month for scraps from the kitchen to feed a non-existent pet. In certain PhD. programs in Social Philosophy, the candidate is expected to live for a set time with the population under study in the same conditions and with a comparable income in order to experience the tribulations of that group. A similar experience among the Senior population might be an eye-opener for some legislators.

Additional manipulations in housing and food stamp assistance are part of the circularity of penalties proposed for the older citizen. Rent increases, hardly bearable at 10% per year will be raised to a 20% ceiling; the rent subsidy level will take into account the cash value of food stamps as income; and HUD will no longer subsidize excessive utility costs for Senior tenants. A further false economy would be experienced by the loss of more than 3,000 proposed units to be constructed under Section 202; by the cancellation of commitment to erect 145,000 Section 8 units; and by the lack of funding for any additional public housing units at a time when these commitments should be extended rather than cut. The proposed 2.2 billion dollars in cuts to the Food Stamp Program would cut beyond the bare bone. A food stamp payment of less than $10.00 a month is not negligible at the subsistence level and an increased reduction of benefits by only 5% can tip a precarious balance. Good nutrition for the aging is a preventive measure. Counting energy assistance payments as income in determining food stamp eligibility is an example of circularity already pointed out.

It is our considered conclusion that the proposed budget cuts are in some instances acts of insensitivity to the needs of an American population already beset by problems not of their own making and, moreover, these cuts are in many instances false economies which can lead only to greater governmental costs.

STATEMENT OF

THE HONORABLE EDWARD I. KOCH

ON THE IMPACT OF THE

FEDERAL BUDGET CUTS ON

NEW YORK CITY'S URBAN ELDERLY

Thank you for inviting me to comment on the effects of the recent Federal cuts on New York City's urban elderly.

I need not tell you that the Older Americans Act you recently reauthorized, as well as virtually every other federal program providing assistance or health and social services to the elderly, is imperiled. With what he has proposed for 1983, the President will completely pull the already tattered social safety net out from under the elderly. Despite his assurances that those truly in need have not and will not be hurt by his budget cuts, the stark and undeniable reality is that they have been and will be.

It is a tragic fact that major cuts in aging services are occurring at a time in our history when the older population and, with it, the need for services are increasing. We in America are witnessing what can only be described as a demographic revolution -- a revolution which is adding a whole new generation to the population.

Since the turn of the century, the size of the nation's elderly population has increased steadily and dramatically. In 1900, only 3 million -- 4 percent -- of the country's population were over 65. By 1950, the number had quadrupled and represented 8 percent of the total. Over the next thirty years the number of elderly doubled again, and now older Americans represent 11 percent of the nation's population. Thus, while the total population has increased threefold since 1900, the elderly population has grown eightfold. And by the year 2020, it is estimated that one out of six Americans will be 65 or older.

Not only is the older population increasing as a whole, but the fastest growing segment is what is sometimes referred to as the old old, those over 75 and 85 years of age. By the year 2000, only 18 years hence, 5 out of 10 older Americans

will be 75 or older and 12 percent will be over 85. And, God willing, I'll be among them, as will many of you.

The impact these changes will have on every aspect of our society is only beginning to be understood. The implications for national policy will be profound. In the arena of aging services, the growth and changing composition of the elderly population forecast an increasing, not a diminishing, need for support and service, particularly in the area of long term care. For as those of you who have parents in their eighties and nineties know, it is the exceptional individual who lives to be that age without requiring some supportive social and health services. All too often, poverty, isolation, chronic illness and impairment in basic functioning are, unfortunately, associated with increasing age.

We, who live in urban areas are seeing not only these nationwide changes, but we are witnessing other changes in our elderly population as well.

In our City, one in every three elderly persons lives alone. What happens to them when they become ill or incapacitated? While the poverty rate among elderly New Yorkers has remained more or less unchanged, there has been an increase in elderly with "marginal incomes" which raise them just above the official poverty line and cut them off from needed services. Where do they turn for assistance? Then, too, as is true in many other urban areas, there has been a dramatic increase in minority elderly, many of whom bring to their later years a history of economic and health care deprivation. How are they to cope with these multiple burdens in old age?

While the overall national and state trends that have been described are reflected in the urban elderly, we are seeing some other very significant trends as well that have their roots in the general population shifts that occurred from the 1950's to the 1970's. Because during these decades so many younger people left the city for the suburbs and because even now significant numbers of men and

and women at retirement age choose to leave urban areas, we do not expect the total numbers of urban elderly to show quite the same amount of growth that will occur among the country's elderly population as a whole.

We are seeing critical changes in the composition of the urban elderly. They are increasingly characterized by rapid growth among certain subgroups within this population -- the old-old; those who live alone; women and minority elderly. The implications of these data are that the urban elderly will, at least during the decade of the 1980's, become increasingly poor, older and frailer and more heavily minority.

Data from the 1980 Census clearly confirm these trends. Although the size of our City's population 60 years of age and over remained almost unchanged since 1970, the population 65 and over within it rose by 6.5 percent while those 75 and over jumped 25.6 percent! Today 4 out of 10 older New Yorkers are 75 years of age or more. As for those living alone, this group, which was 28.5 percent of the elderly in 1970, climbed to 32.2 percent in 1980. While the need for assistance to live independent'y at home is increasing, home care and other supportive services are decreasing.

To be specific:

Older Americans Act Programs

The Title V Senior Community Service Employment Program -- recently reauthorized by the Congress and signed by the President at a $277 million funding level -- is scheduled for termination by the end of September. Today, this program provides training and employment for 54,000 low income older workers nationally. Instead of the Title V Program, the Administration proposes that the elderly be included in a block grant training program with 7 other groups, funded for a total of $200 million, with no provision for employment or targetting to older workers and no stipends of any kind during training. In New York City, 684 men and women 55 years of age and over, who are working in nutrition sites and senior centers, in social service agencies and day care programs, in mental health centers and hospitals,

will lose their jobs this September. This comes just after the elimination of the Title X Job Opportunity Program which left 350 older workers unemployed. With the loss of these two programs we see the last of the federally funded training and employment programs for low income elderly.

A second area of loss resulting from the Older Americans Act cuts will be in Title III-C nutrition services. The Administration proposals would reduce funding for congregate and home-delivered meals in New York City by July 1983 to 20 percent below our 1982 budget level. The nearly $1.5 million reduction in the Title III-C Nutrition and Commodity Foods Program will jeopardize the delivery of over 500,000 congregate and home-delivered meals annually and the operation of seven senior citizen centers. How would you like to be the one to announce to older constituents that the senior center in your community is the one that must be closed with no more meals to be provided? How would you like to be the one to announce that, as a result of more than a 20 percent reduction in Title III-B appropriations since 1981, we have to eliminate 29,000 hours of homemaker and housekeeper assistance annually; 12,000 hours of shopping and escort assistance; and nearly 21,000 trips for the frail and handicapped to medical facilities and nutrition programs?

How will you answer your constitutents when we have to take away needed services from them?

Yes, we will now be faced with the impossible task of choosing those who can no longer receive our nutrition and social services because of a $5 million cut in Older Americans Act funds in less than 2 years -- a 23 percent reduction. And what about inflation? Everybody is talking about it, but nobody has helped us find a way to meet spiralling costs which have already reduced the buying power of our dollars by 15 percent.

Social Services Block Grant (Title XX)

Add to the Older Americans Act cuts the services that will be lost through Title XX. In our City Title XX is the major source of support for senior centers. The Administration's proposals to reduce Title XX funds by 18 percent will result in a loss to New York City in its next fiscal year of $19.3 million. And this would be in addition to the $18 million loss already imposed by the first round of cuts. How do we cope with these reductions? I can tell you that in New York City 21 senior centers will have to be closed along with 46 day-care centers for children.

Thus far, I have been speaking about the effect of cutbacks in the broad service programs. But in addition to these, the elderly will also suffer losses as provisions of entitlement programs are eroded.

Supplemental Security Income

The Administration's proposals for SSI would shrink the number of SSI beneficiaries, reduce benefits, and make it more difficult for the aged, blind and disabled to enroll in the program.

The New York State Office for the Aging estimates that 14,200 new beneficiaries in the state will be affected if the present disregard of the first $20 of income from Social Security or other sources is no longer allowed. For people living on only $264 a month, the loss of $20 is a significant amount of income. Further, payments will be rounded off to the next lowest dollar instead of the present rounding off to the next highest ten cents. How would you like to hear that your benefit of $43.98 will be $43 instead of $44 as it used to be? Moreover, your first month's entitlement will be prorated to the date eligibility was determined instead of the present full month's allotment and any overpayment will be collected from your Social Security benefit. Our State Office projects an annual average loss to elderly SSI recipients of $188 as a result. Surely this is pulling

pennies out of the pockets of the poor.

Eligibility to qualify as disabled will also be changed. A person must have a prognosis of a disability lasting at least 24 months based on a preponderance of medical factors. In my state an estimated 13,800 disabled elderly aged 60 to 64 could be eliminated from the rolls.

Medicare

Now let's look at Medicare! Each year Medicare moves farther from realizing its original purpose of providing health insurance to older persons to cover their medical costs. Today Medicare covers only about 38 percent of health care costs for the average person. Tomorrow, if the pending proposals were enacted, it will be still less.

Savings in this area do not have to come at the expense of recipients. Health care programs differ from cash benefit programs because there is an intermediary between the money and the recipient: the health care provider. For this reason, cost containment efforts need not result in service cutbacks or increased hardship for recipients. Instead, these efforts can be directed at the providers.

Containing costs in this area would actually benefit elderly recipients. Average out-of-pocket medical expenses for senior citizens are now approaching the same level that they were before the Medicare program existed. Seventeen years ago, in the pre-Medicare days, elderly citizens paid an average of 20 percent of their total income for health care. By 1980, these out-of-pocket expenses had again risen to 19 percent of their total income. Thus Medicare recipients are paying almost as much for health care now as they did before the program existed.

The President is proposing a 5 to 6 percent per day payment for in-patient costs of up to 60 days, plus payment of $260 for the first day. Under this new proposal, an older New Yorker could expect to face an out-of-pocket payment of almost $500 for the average hospital stay. The frailer older person, who must stay longer than 60 days, has to pay an additional $65 a day.

The City opposes the 5-6 percent per day co-payment as a means to control inpatient utilization unless co-payments of this size are imposed with regard to ability to pay. If the Administration wants to increase patient contributions by those who can afford it, we suggest that reasonable income guidelines be set, below which no payment by medically indigent patients would be required.

These two Administration proposals to increase patient contributions are estimated to cost the City $6.1 million each year in FY 83 and FY 84. The Part B deductible of Medicare which pays for doctor care has just been raised to $75. If it is now to be linked to the Consumer Price Index, as the Administration proposes, 1.4 million elderly in New York State will face $5.6 million in added out-of-pocket expense. This provision would have two adverse impacts on the City. It would increase the City's costs by $0.5 million in 1983 and $1.4 million in 1984 because it pays the Medicare deductible for Medicaid patients. It may also increase the bad debt of the City's municipal hospital system because some Medicare patients who use the municipal hospitals may not be able to pay the increased deductible.

The Administration also proposes home health visit co-payments of 5 percent for the first 100 visits and 20 percent thereafter are intended to discourage the overuse of home health services. However, these services are a cost effective alternative to institutionalization. If the patient cannot afford the co-payment, the end result of this proposal may be to increase placements in nursing homes and hospitals at a greater cost to the Medicare program. Both proposals should include reasonable income guidelines to protect the medically indigent. In New York State this will cost older people as estimated $3.5 million.

Another recommendation detrimental to older people is a requirement that employers provide the same health insurance for older as for younger workers. Medicare would only supplement the private insurance package. This is counter to all our efforts to expand employment opportunities for those over 65 and will

discourage employers from keeping or hiring older workers.

Blanket opposition to all cost-containment would be irresponsible, and probably unsuccessful. It is crucial for us instead to target these cuts intelligently so that we can afford to preserve the services.

Medicaid

Medicaid, the health care program for the poor, is already being reduced by 3 percentage points in 1982, 4 percentage points in 1983 and 4.5 percentage points in 1984. An additional cut of 3 percent affecting the poor and medically needy (178,000 elderly in New York City) would force the states to review optional services. New York City estimates a potential cost to the City of $28 million for services which are cost-effective alternatives to more expensive institutional care and include major expenditures for intermediate care facilities and home care. Other optional service costs are for clinics and drugs. Such cuts would inevitably lead to greater need for skilled nursing facilities or hospitalization -- services which are far more expensive in the long run. In addition, Medicaid recipients will have to pay $1.00 to $1.50 for each outpatient visit and $2.00 for each hospital day. This cost-sharing would mean a $7.8 million loss to New York City.

Food Stamps

Food Stamps literally enable many elderly persons in New York City to eat. The Administration now proposes to lower eligibility by counting the energy assistance grant as income and eliminating other currently allowed deductions, such as 18 percent of earnings, and health costs over $35. On the one hand help with fuel and utility bills is granted, and on the other hand it is taken away. New York State estimates that there would be an average reduction of $95 for elderly New York households.

99-344 O—82——8

Food Stamp benefits of less than $10 a month will be completely eliminated. Over a 12 month period, this $20 could buy food for several weeks for a poor older person -- quite a few meals! This is truly a mean-spirited spectacle we are beginning to witness.

Housing

The Administration's proposals in the area of public and subsidized housing will undermine the ability of low income elderly to meet one of their most basic and essential human needs.

A desperately needed expanded supply of affordable housing will be curtailed with the elimination of Section 8 new construction and rehabilitation programs. The President's contention that "in most housing markets there is an adequate supply of rental housing" available to low income persons is a million miles from reality for the City of New York. The average waiting list for public housing is 18 years and the current vacancy rate for low and middle income private housing is 2.1 percent. And there will be reductions in the Section 202 loan program supporting construction of subsidized housing for low income handicapped and elderly persons which will only compound the shortage.

Another proposal of the Administration is to move away from the current system of subsidizing housing for low income people to one in which the tenants are issued vouchers and given direct responsibility for finding their own housing. The value of these housing vouchers will be signficantly less than the current subsidy. With only a 2.1 percent vacancy rate in New York City and with high rental charges, there is simply not enough adequate and affordable housing for this system to work for low income tenants.

In addition, the cost of housing will rise. Further rent increases for low income tenants are being proposed, which would require all new tenants to pay 30 percent of their income for rent and older tenants to pay 5 percent more. In

addition the cash value of Food Stamps and energy assistance will be counted as income in figuring out the rents of tenants.

Social Security

Finally, I would be remiss if in describing proposals affecting the elderly I did not mention what is surely the most important program in the country for those 26 million men and women who are now retired as well as the untold millions who will eventually retire. I am talking, of course, about social security. Although no specific recommendations are expected from the President's bipartisan commission until the end of the year, there is much discussion about the future of Social Security, and I am greatly concerned about some of the suggestions being made.

Income security in the later years and the protection of retirement income, especially against the erosion of inflation, are the most essential and basic responsibilities of a nation to its elderly citizens. It is imperative that no changes in Social Security be made which would undermine the confidence of Americans in the system and threaten this major source of income support for retirees. The stability and financial integrity of the Social Security System must be maintained without moving away from the basic goal of providing an adequate retirement income for all.

There is no way to calculate at this time what the cumulative effects of these cuts will do to individuals. Who knows how many meals will be skipped? How many symptoms of ill health ignored? How many houses will be kept dangerously cold in winter months? But I think we can pretty clearly understand that if you freeze benefits, slash services, cut back on food stamps, fuel and utility help and make people pay more for doctors and hospital care, we will see acute hardship growing. Old people don't buy new houses and new cars but they must buy food

and go to the doctor and pay their rent or real estate taxes. Isn't it ironic that we are seeing working people given more disposable income through cutting their taxes while we cut the income of the old and poor!

I have cited the impact of cuts on all these programs because I think it is essential to recognize that it isn't any single program alone which makes it possible for an individual older person to maintain himself or herself, or even to survive. Unfortunately, there is a tendency to see these programs as discrete entities. As far as the elderly are concerned they are not. It is a fact that at the local level, the services and benefits of all programs become interwoven to provide a true safety net for the individual.

In closing, the President's proposed 1983 budget not only calls for deep and crippling cuts in the life sustaining programs which support older Americans but also embodies a radical shift in social policy which negates a half century of commitment to meeting human needs. In a legitimate quest for a balanced budget, the Administration has erroneously singled out human services for reductions, and is attempting to shift responsibility for assistance to the needy to State and local government. But State and local governments cannot assume the role the President would have the federal government abdicate. They simply do not have the resources to make up for the staggering losses in federal support being proposed.

Thus, without the intervention of you and your colleagues in the House and Senate, the base of services and support for the elderly already diminished by last year's budget cuts will be further eroded. If this trend continues as proposed, if we continue to be asked to meet greater needs with more limited resources, the future for aging services will be bleak indeed. As the elderly population grows larger and older, our service dollars will be stretched so thin as to have an insignificant impact. The question we will be asking ourselves by the mid-1980's is, "What aging Services?"

I cannot believe that the Congress of this great nation will turn its back on the elderly by cutting already woefully insufficient service dollars for increasing need of a growing older population. It is inconceivable to me that there are those who believe the elderly are overserved or even not truly needy. The evidence to the contrary is overwhelming.

It is paradoxical that we can even consider this possibility so soon after the White House Conference on Aging when delegates overwhelmingly supported both the retention of past gains and the expansion of an array of programs for the elderly. Just as importantly, their recommendations are notable for the collective support they gave to the continuation of the federal government as the major supporter of aging services, including the maintenance of categorical programs targeted to the special needs of the aged.

I urge you to reaffirm your commitment to older Americans and to continue to show the leadership you have demonstrated in the past by formulating a national aging policy appropriate to the tremendous challenge our growing elderly population represents. It will take determination and dedication to meet the challenge but it can be done. Each of us has a very personal stake in the outcome. In developing policies and programs for the elderly, we are in a very real way planning for ourselves and for future generations.

REMARKS SUBMITTED BY

THE HONORABLE VINCENT J. THOMAS

MAYOR - CITY OF NORFOLK, VIRGINIA

I, Vincent J. Thomas, Mayor of the City of Norfolk, Virginia, appreciate this opportunity to submit written comments to be included in the Committee Record of the House Select Committee on Aging hearing to be conducted at the 50th Annual Conference of Mayors, in Minneapolis-St. Paul, Minn. later this month. Under separate cover, the City of Norfolk via its Department of Human Resources, has responded to a survey received from Congressman Biaggi, Chairman of the House Select Committee on Aging, which we understand will also be used in these proceedings.

Let me take a moment to introduce my City. Founded in 1682, Norfolk proudly celebrates its tricentennial anniversary this year. What began as land purchased from a farmer by Virginia's colonial government for settlement of the British has grown in 300 years to a modern city and a vital commercial hub of the mid-Atlantic states. Among Norfolk's many laurels is the distinction of being referred to as the "capital" of the United States Navy in that our city is the home of one of the nation's largest naval bases. We are also proud of the fact that many of the goods exported around the world pass through the port of Hampton Roads. Norfolk is a urban city with a unique history, an exciting presence, and a very promising future.

Norfolk has achieved its current status as a result of the diligent efforts of its citizenry to mobilize all appropriate resources in the building of a better city. Many of these resources were from federal and state sources. Our city was the first in the nation to utilize the benefits of public housing programs. We developed a viable partnership with our sister cities and the U. S. Department of Transportation in the acquisition and operation of a regional transportation system. Our Model City Program was listed among those considered the best in the nation. We operate many city programs with assistance from the Commonwealth of Virginia. These efforts and many others dovetail with the many basic services supplied our citizens through the effective use of local tax dollars. Consequently, we in the City of Norfolk

fully appreciate the fact that it takes a cooperative arrangement between the three levels of government to build and maintain an acceptable quality of life for all of our citizens. We, therefore, question whether an acceptable standard for all citizens can be maintained if significant reductions are made in the assistance provided by either of the levels of government. Consequently, we are most concerned about recent reductions - and the promise of more - in many resources provided by the federal government.

I hasten to add, however, that we in Norfolk are cognizant of the fact that some federal, state and local governmental offerings can be operated more efficiently. We also recognize that all programs must be carefully monitored in an attempt to insure that all recipients are, in fact, eligible. It is our belief and practice to help those who truly need help.

According to the 1980 Census, the City of Norfolk has a population of 266,979. Some twenty-one percent (21%) of those citizens are 60 years or older and thereby qualify as senior citizens. It is projected that senior citizens will comprise an even larger percentage of the city's population in the next decade.

Unfortunately, this group of citizens is most vulnerable to the impact of reduced services resulting from federal budget cuts. These citizens are, for the most part, the least able to adjust their personal resources in an attempt to compensate for the loss of services. Each of you know the stories as well as I do: the widow living on a pension that no longer covers her basic needs; the old and infirmed gentleman who lives in the rooming house and is unable to care for himself; and, the elderly couple who could stay in their home, rather than a home for adults, if only someone could periodically check on them.

My city of Norfolk has many cases of the type described above and others with which you are too familar. Their plight was negatively impacted by recent federal budget cuts and the ricocheting effect on the budgets of the Commonwealth of Virginia

and the City of Norfolk. For example, the Social Service Block Grant resulted in an approximate 21% reduction in shared funding to the Commonwealth of Virginia and the City of Norfolk for many critical social services. Our city was forced to pare our offering of twenty-one (21) distinct social services down to eleven (11). Such services as Day Care for Adults, transporation and companion services were reduced or eliminated. The congregate meals program which is funded by the Older Americans Act, with local matching funds, experienced a significant reduction. The regional Area Agency on Aging which serves Norfolk informed me that more reductions are in store.

I mentioned earlier that Norfolk was in the vanguard of cities which embraced the public housing program in 1949, I might add that we have had a similar commitment to providing housing for the elderly. Unfortunately, it appears that those HUD resources and our city's use of them are things of the past.

All of us are perplexed over the phenomenal growth of the Medicaid program. My state has recently adopted rules which it hopes will lower an anticipated deficit of inexcess of $122 million for the biennium. Some of the new rules will certainly require many of our senior citizens and others on fixed incomes to make tough choices between medicines and other essentials. Other rules will require hospitals, nursing homes and other health care providers to manage their operations more efficiently. In that regard, I am pleased to note that the Virginia General Assembly recently adopted legislation which effects long term care for the elderly. This legislation mandates that every locality establish a Long Term Care Council, with an interdisciplinary composition, for the purpose of attempting to keep the elderly in their community rather than in nursing homes and other institutions. Notwithstanding, even this very worthwhile program and the support services it will require will suffer from the recent and promised federal fund reductions.

This opportunity to file these comments with the House Select Committee on Aging, is most timely. Just a few days ago a delegation of Virginia government

officials, led by the Honorable Charles S. Robb, Governor of the Commonwealth, met in Washington, D. C. with the Virginia congressional delegation and others on the impact of federal budget cuts on our state. While I have not received a detailed report of the meeting, it apparently was most enlightening to some of the congressional delegation. The news media that covered the event widely reported that one of the congressional attendees went on record as having changed his views and is now opposed to further federal cuts in human service programs.

Mr. Chairman, I thank you for this opportunity and your continuing effort to deal with the problems of the urban elderly. These special citizens and their rural sisters and brothers have labored tirelessly to make this country the greatest nation in the world. We need to show them our heartfelt gratitude for their services, rather than subject them to humiliation and suffering in their twilight years. That's not the American way.

I thank you.

IMPACT OF DEMOGRAPHIC SHIFTS IN NORTH TONAWANDA, NEW YORK

Following the 1970 Census, 4171 senior citizens, 60 years of age and older were reported living in the City of North Tonawanda. Following the 1980 Census, the above figure increased to 5711; an increase of 37%. Census figures throughout the nation confirmed what specialists in the field of aging have been aware of for sometime, we are becoming a nation of older people. I believe we can attribute a longer life span to improved living conditions, better nutrition and health care.

In view of this information, clearly, benefits, programs, and services for the elderly should be on the upswing, i.e., additional housing, expanded transportation to include shopping and banking, expanded nutrition programs to include Saturdays and Sundays; a respite program for those who are caregivers for older, frail persons whether the caregiver is a member of the family, neighbor or friend. This type of program would offer support to the caregivers and perhaps avoid premature institutionalization of elderly.

RELATIONSHIP/ROLE OF CITY WITH AGING PROGRAMS, INCLUDING RELATIONSHIP WITH AREA AGENCY ON AGING

The role of the City is that of an advocate for senior citizen programs and services. The City of North Tonawanda while providing programs and services for all residents, has been keenly aware of the needs and problems of our elderly. For the past thirteen years the City has supported a multi-purpose senior citizen center. Approximately $100,000 was allotted to the Senior Citizen Department in the 1982 budget. Monies are expended for salaries, rent, utilities, supplies, repairs and maintenance.

The City also supports a Medical Transportation Program for our senior residents. This program has been operating since February, 1979 when the City provided a fourteen passenger mini-bus equipped with an automatic lift to accommodate our handicapped. As well as providing transportation to Buffalo and surrounding areas, the City maintains an agreement with the County whereby senior residents in need of therapy are transported twice a week to a medical facility in Lockport, New York.

Since the inception of this program a Title V person has been in charge.

Our Center, which operates from 9 a.m. to 5 p.m., and 6:30 to 10 p.m., Monday through Friday, is one of the only centers that offers evening programs in Western New York.

Until recently, when an accident temporarily forced the cancellation of our Sunday Church Transportation Program which was staffed by volunteers drivers from our community, we were the only known municipality in the area offering such a program for our senior residents.

In an attempt to assist senior residents, 65 years of age and older, remain in their homes, the City has passed legislation at various times permitting those elderly to apply for and receive consideration under the Real Property Tax exemption Program. At this time eligibility figure is $9200.

A positive relationship exists between the City and local organizations that sponsor programs for elderly, i.e., Niagara County Health Department provides Health Assessment Clinics at three locations during the month; the Department of Social Services of Niagara County provides the center with a Social Worker twice a month.

Not only do seniors in our community take advantage of services provided by Senior Companion Program but they also are serving as Companions. Many of our seniors serve with the R.S.V.P, and Foster Grandparent Program. Many of our members are associated with the newly-formed AARP Chapter in this area. *

Twenty-two seniors represent the Center membership as representatives to the Council on Aging of Niagara County, Inc. Some serve on their health, recreation, education and legislative committees.

Realizing the need for more medical transportation, not only for our elderly but handicapped residents of the community as well, the City actively pursued local non-profit private organizations in an attempt to locate one that would sponsor a 14 passenger mini-bus with a lift under the UMTA 16 2(b) program. Our local Police Benevolent Association agreed to sponsor the van. A joint community effort resulted in the raising of the mandatory 20% in donations. Expected delivery date is July, 1982.

RELATIONSHIP WITH AREA OFFICE ON AGING

The City of North Tonawanda and senior residents benfit greatly because of the relationship established in 1974 with the Area Office on Aging. The first program sponsored by this agency at our Center was the Nutrition Program. In 1974 approximately 25 - 30 meals were served Monday through Friday. At this time 90 to 115 meals per day are served. Four seniors, 70 years of age and older are employed in this program which operates Monday through Friday at our Multi-purpose Center. In 1981 the Area Office for Aging opened a second Nutrition site in the Bishop Gibbons Apartments which accommodate senior residents.

Area Office for Aging also provides a Referral and Information Program, A Day Care Program, Heat and Energy Assistance Program, and Legal Assistance.

* A Tax/Aide for the Elderly Program is also provided by the IRS in our center.

In 1975 when Title V Program (now obsolete) funds were available to centers for renovations and improvements, with the assistance of the Area Office for Aging, the City applied for and received funding which enabled the Center to instal a much-needed sound system. In addition, because of the growth of our programming, funds were used to erect partitions which created individual offices and space for additional services.

CHANGES IN PROGRAMS/SERVICES AFFECTING THE ELDERLY

Because of the cap on Recreational State Aid, City is prevented from applying for and receiving additional aid for increase in number of elderly living in North Tonawanda. This amounts to a loss of $777.00.

The I.D.Discount Card Program formerly sponsored entirely by the Area Office for Aging was temporarily discontinued with the loss of CETA employees. Since that time due to the initiative of our Police Benevolent Association, the program is now jointly by them and the Area Office. Our PBA supplies the manpower and phhtography equipment while the Area Office provides the materials.

Lack of availability of a CETA worker to be used as a driver when the new Police Benevolent Association van is delivered almost resulted in our loss of eligibility.

Loss of funding and/or redirection of funds contributed to the termination of the Friendly Visitor Program which had operated in our Center from 1977 to 1981. With the termination of this program we also lost a valuable employee whose work with the elderly was known throughout the City.

I think it is obvious from the foregoing information that we are a community that supports its elderly by offering and providing services and programs to the seniors in our area.

I think it is also points up the effective relationships we maintain with aging organizations in our area. For this reason I would like to go on record as opposing the proposed 1983 Federal budget cuts which could prove disastrous for programs and services that are so beneficial to the physical, mental and financial well-being of elderly in our community.

In conclusion may I add that in providing services and programming for our elderly, the goal has always been to assist them in remaining independent, and to also ensure their right to enjoy what should be their golden years with dignity.

Should these budget cuts be approved, the advances made in the field of aging will be set back by at least ten years. Lack of financial security will cause our seniors to experience mental and physical breakdowns, and in the end, institutionalization.

As Mayor of the City of North Tonawanda, New York I once again must emphasize my opposition to the proposed 1983 budget cuts which will severely affect our elderly.

Thank you for the opportunity to express my opinions on the various topics to be discussed.

PLAINFIELD AND THE ELDERLY

Plainfield, New Jersey has 4,662 people over 65, 14.17% of our population. We have the highest percent of black elderly in the county and the second highest of Hispanic elderly.

The city has operated a multi-purpose senior citizens center since 1975, has just established a Task Force on Aging and through the quasi-independant housing authority operates a senior citizens housing unit of 225 apartments with a Congregate Housing Component and provides subsidzed housing for another 114 elderly.

The city's center sees over 1000 older adults annually, 500 regularly, all Title XX income eligible.

Today, gerontologists talk about two generations of elderly - the young old and the older old. At our center we see both but daily activities tend to serve more of the frailer, older elderly who need a broader range of services and assistance.

Younger, healthier members come for special activities and some do come for daily program. Emphasizing this wide age range are at least three mother-daughter members.

The center's program is funded through Title XX with a local match, some support services through the city (eg., snow removal, fiscal management, etc) and two vans purchased and serviced through the city. Additionally Green Thumb and Title V each provide two part-time workers and on a trail basis the

Catholic Community Services is providing an outreach worker one day each week for services to Hispanic elderly

An Advisory Committee to the center has been established and is working at defining its role. It includes two representatives named by the city.

As part of the creative approach by the new city administration, a Task Force on Aging has been established to review problems, resources and potential solutions for the city's elderly. The city provides a professional from the center staff as a resource person for this task force.

Our county office on aging is very active. The center has taken advantage of their programs as well as the programs of three nearby colleges with gerentology departments for staff training.

The county office on aging also provides speakers for programs to center members. The nutrition program funded through the county serves lunches at the senior citizens housing unit one block from the center. The center's Transportation Component buses members there and back from the center and other locations in the city.

Within the City there is one other center and numerous "Golden Age" clubs. The city program works cooperatively with all of these including participation in a monthly meeting of senior citizen group leaders sponsored by the Red Cross.

How would proposed cut backs effect the center?

The currently projected cut backs mean deciding whether fewer elderly Plainfielders will receive quality programs or all will share in an inferior program.

Skilled CETA workers have already been lost although one new worker has been placed here. The two Title V workers will probably be eliminated by the State this fall. Funds for teachers of special crafts have been used for rising heat and utility costs so fewer craft classes are taught. The center is already not meeting its budget.Now, with the near certainty of a minimum 10.9% cut in Title XX funds the center anticipates layoffs that will mean a 33% cut in transportation services, and a 66% cut in outreach, counseling and referral services. These cuts would have a devastating effect on many elderly.

What then happens to people like Mrs. B. a warm, charming 69 year old widow with no children or relatives?

Now too painfully ill with leukemia to walk far, she is taken to and from the center three or four days a week. Transportation for medical appointments, intervention that successfully negotiated a reduced medical bill, assistance in filling out both her income tax and an application for subsidized housing and food shopping assistance weekly are among the services the center provides to her.

Socializing with her friends and doing handwork though are the basic things Mrs B. comes to the center for. There she helps spread cheer to others. Asked what it would mean to her if she

could no longer get a ride, she said,"I'd have to stay home." Too much time alone makes aches and pains twice as bad . Its hard enough on weekends when the center is closed. I'd be miserable.

In addition to group services. food stamps cuts, rent subsidy cuts, medicade and medicare cuts all spell trouble for fixed income elders, But cuts effect all age levels. We do not want competition between programs,but cooperation to try to restore the full component of human service instead of vast military expenditures. Then all our citizens can have a decent life.

The preventation of institutionalization is an important part of the center's functioning.

Serving as a social outlet to cut back on the isolation and rejection faced by the elderly, grocery shopping assistance, counseling and referrals which may help obtain food stamps, get heat turned back on, or obtain half price bus tickets all these services help people remain in the community.

To talk about this being more cost-effective than institutionalization (which it certainly is) is to ignore the moral issue that the elderly deserve as decent and independent life as possible.

Living in a boarding home, one 84 year old center member is transported to and from the center daily. She is active helping, watching, painting and she has recently been getting lessons to learn something she has wanted to do for years-to learn to read.

She wants the center to continue so "I can be here with all my friends and I'm suprised to see all the people here who really love me and moreover I love everybody here".

"Monday can't come soon enough for me cause I always want to go to the center".

City of Portsmouth
Virginia

Established 1752

Office of the Mayor

P. O. Box 820
23705

June 16, 1982

The Honorable Robert M. Bahai, Mayor
Chairman of Subcommittee on Aging
United States Conference of Mayors
1620 Eye Street, NW
Washington, D.C. 20006

Dear Mayor Bahai:

In response to your letter of May 21, 1982, regarding the hearings of the House Select Committee on Aging, the City of Portsmouth, Virginia, submits the following comments descriptive of local impacts of federal actions:

1) Changes in Programs/Services Affecting the Elderly.

The Title XX budget for the City of Portsmouth (Department of Social Services) has been reduced 16-1/2% for FY82. As the Portsmouth Senior Citizens Center is a component of the Department of Social Services, some budgetary reductions have been sustained and the staff of the Senior Center has been decreased by one-fifth. Of the ten thousand senior citizens centers in the United States, the Portsmouth Center is the only multi-purpose Center, as far as we know, that receives 80% of its administrative funding through Title XX, Social Security Act. The Center served as the prototype for local Social Service Departments in the Commonwealth and was the first to implement a "group eligibility" membership plan with Title XX funding dependent upon an annual means test requiring 75% of the participants to have an income at 90% or less of the median income level of the Commonwealth of Virginia. Eligibility for membership in the Center is based upon age only.

While budgetary reductions have been sustained, this has not caused a decrease in the services which the City of Portsmouth affords its senior citizens. The Portsmouth Senior Citizens Center, serving as the focal point for senior services in the Portsmouth community, is the largest and most comprehensive senior center in the Commonwealth of Virginia with a membership of over 6,000. As holistic in range of services as community resources permit, it offers not only the in-house services of the Department, but also accesses all appropriate services and outreach programs offered through the various human service providers in Tidewater from the public and private sectors. "Tax Relief for the Elderly," a program provided through the City of Portsmouth, offers real estate tax relief to qualifying aged and handicapped residents. Employment services, education and training services, health, housing, nutrition, recreational, visiting, referral and transportation services are also offered through the

Senior Center.

Rich in volunteer resources, the Center last year utilized the services of 71 volunteers who contributed over 22,000 hours of service to Center programs and functions. The relationship between the Senior Center and its volunteers is symbiotic and crucial to continued success. Highly regarded as a training facility for graduate students in social work and gerontology from regional universities and by health care professionals from local nursing schools and hospitals, the Center's membership is the beneficiary of extensive periodic health screening clinics and workshops provided by these institutions.

2) Relationship with Area Agency on Aging.

The Southeastern Virginia Area Wide Model Program, Inc. (SEVAMP, INC.) serves Planning District 20, of which Portsmouth is a part, as the dispensing Agent for Older Americans' Act funds. The City of Portsmouth has always maintained a close working relationship with SEVAMP and has representatives serving on the Board of Directors and the Planning and Advisory Council of that organization.

The SEVAMP budget for FY 82-83 will be reduced in real terms by approximately 12% as a result of Congressional action on the Older Americans' Act. Direct services to the City of Portsmouth via SEVAMP are expected to be only marginally reduced as a result of the reduction while of the four contracted programs funded through SEVAMP and administered by Portsmouth (Transportation, Dental, Visiting Nurse and Homemaker), only Transportation will be reduced by 50%. The 50% reduction in Transportation will result in the loss of one of two drivers. As both vehicles in the Transportation program will continue to be available and a volunteer driver may be recruited, no significant reduction in Transportation services may be realized.

It is hoped that these comments will be of assistance during the hearings. Although I am unable to present this testimony personally, my staff and I are available to respond to any questions or comments regarding these matters at (804) 393-8587.

Sincerely,

J. E. Johansen
Mayor

JEJ/pc
cc: City Council

VILLAGE OF SKOKIE
5127 OAKTON STREET • SKOKIE, ILLINOIS 60077 • P.O. BOX 309
(312) 673-0500

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June 3, 1982

Mr. Robert M. Buhai, Chairman
Subcommittee on Aging
U.S. Conference of Mayors
1620 Eye Street, N.W.
Washington, D.C. 20006

Dear Bob:

All of the following examples are major concerns of Skokie as well as Mayors nation wide. I would be happy to have the opportunity to present them at the testimony before the House Select Committee on Aging Hearings to be held in conjunction with the 50th Annual Conference of Mayors in Minneapolis.

- Both the city's infrastructure and the city's citizens are aging and require services as the city faces receiving fewer dollars:

  Example:

Skokie estimate to abate basement flooding	-	$100,000,000
Skokie street resurfacing in 1982-83	-	$950,000
Skokie annual maintenance of water mains	-	$1,000,000
Skokie residents 60 yrs. and older 22% Human Services total budget 82-83		$156,184

- Local governments have no assurance that they will have reasonable input into state allocations, but citizens turn to local governments in times of crisis; the local Police, Paramedics, Human Services.

  Example:

  Skokie spent many months of staff time, involving professionals from Human Services, Legal, Police, Public Works, Health, etc. to reluctantly take the steps to establish Public Guardianship for a threatening resident unable to care for herself. Now the resident may be returned to the community, under the state mental health code. Protection and succor will be required for neighboring residents if this individual returns.

An increasing number of somewhat similar cases require the assistance and support of various local government departments as the percentage of elderly increases.

- Hardships are being caused by the reduction in food stamps, unrealistic state level of need guidelines for Medical AID - No Grant (MANG), with the spend down ruling.

  Example:

  A 67 year old woman has cancer in both lungs. She receives approximately $335 monthly from Social Security. She lives alone. She is bedridden, unable to care for herself and receives home health care and chore service. Her condition is deteriorating. Chemotherapy on an outpatient basis and medications to reduce pain have been prescribed.

  Her green card expired December 31, 1981 and was not renewed. Her spend-down amount was approximately $100 monthly. Without the green card, the client was unable to purchase prescribed medication and afraid to go for chemotherapy or seek other needed medical care because she could not pay the bills. As a result she stopped taking her medications and when the Visiting Nurse arrived to pay a routine visit she found the client with a high temperature. The nurse arranged for immediate hospitalization. The need for this hospitalization and the resulting high medical bills was a direct result of the woman's inability to pay for the prescribed medications and treatments.

  A worker from Family Counseling of Evanston and Skokie Valley contacted the hospital and the social service department there completed the application for a green card. A card was issued; however, the client is liable for the $100 monthly that MANG will not pay.

  Clients choose between buying medicine or buying food or paying the utility bill.

- The Area Agency finds it easier to work with agencies serving larger geographic areas rather than with the greater number of municipalities in the suburbs of Chicago. Since many of the municipalities had initiated excellent programs serving the aging, some through the Older American's Act Title III (before the formation of the Area Agencies), many cities are providing different, but locally validated services. Many municipalities find the regulations incompatible with their need, and do not respond to the Area Agency Requests for Proposals.

Example:

Skokie "spun off" its Title III Grant for Chore service to the Visiting Nurse Association because it felt the guidelines and regulations proposed by the Area Agency did not reflect local need. The pressing need is for more in-home health care.

In Region V of Illinois Service Area 13, two agencies will receive 49% of the proposed funding for I & R, Case Management and some chore service. There is a 21% (of Region V proposed funding) set aside for chore service, awaiting a proposal.

- Practitioners nationwide question the high priority and high percentage of funding for information and referral, and case management. In our area, the Area Agency has allocated $415,989 to I & R next year, and the Robert Wood Johnson Foundation Grant has allocated approximately $200,000 for I & R, systems development, and establishment of a network. Experience has proven that the "street smart" individual will call every agency, therefore will be included in each agency's count. This requires each agency to obtain a release of name agreement to prevent violation of confidentiality, or jeopardize the validity of figures gathered. The extremely vulnerable, who do not know where to seek help, will end up being taken care of--by the local government police, paramedic or human services staff.

Skokie's Human Services Director finds "case management" practical at a city level because the department reflect the Mayor's support of concern for the individual. Police report incipient traumas to the Human Services division. This "front line" reporting and coordination is not possible with outside agencies without a complete change in traditional patterns.

Sincerely,

Albert J. Smith

Albert J. Smith
Mayor

mc

OFFICE OF THE MAYOR · CITY OF SYRACUSE

LEE ALEXANDER, MAYOR

June 11, 1982

Honorable Mario Biaggi
Chairman
U.S. House of Representatives
Select Committee on Aging
Subcommittee on Human Services
716 House Office Building
Annex I
Washington, D.C. 20515

Dear Representative Biaggi:

I deeply regret that I must decline your invitation to speak at the Congressional Subcommittee hearing in Minneapolis on June 21st. My presence is required at the New York State Democratic Convention in New York City on that date. However, I am grateful for your invitation and would be honored to submit written testimony in advance of the conference.

As you know, the problems of our elderly residents are among my greatest concerns and it is these needy citizens who are hardest hit by unreasonable federal budget cuts. I am hopeful that by focusing on this issue the Subcommittee and the Conference of Mayors will help to ensure that our urban elderly are not hurt any further by reduced federal funding.

Sincerely,

Lee Alexander

cc: Matthew J. Rinaldo
Ranking Minority Member

Statement of

Mayor Lee Alexander

City of Syracuse

on

Effects of Federal Budget Cuts

on the Elderly

In the hasty creation of what has been called the "New Federalism" the Reagan regime seemed to be challenging the states, cities and counties to adopt an improved and streamlined form of intergovernmental functioning. The block grants promised us continuation of needed programs with greater flexibility, control, and efficiency, with fewer regulations, administrative burdens and delays. That is what we were promised. What was delivered, and what some believe was indeed all that was intended, was a smokescreen of new partnership jargon and new program titles intended to fog the main issue of disastrous funding cuts to social programs and unprecedented increases in a defense program fraught with mismanagement and incredible cost overruns. Crippling cuts to food stamps, housing subsidies, mass transit, and other programs were made in the name of a balanced federal budget - a budget now projected to result in the largest deficit in this country's history.

In spite of these cuts, President Reagan promised, the "social safety net" would remain intact, the truly needy citizens of this country - the poor, the infirm, the elderly, the disadvantaged - would still be protected by the federal government. While the ephemeral safety net was being stretched further and further, we began to understand that the weave of this net is more suitable to saving oversized warships than the truly needy.

Indeed we know that the "safety net", even in its strongest days could not support all those who required its sustenance.

Yet, since World War II, this country has made giant strides in ensuring the care and well-being of its elderly population with the extension of the Social Security programs, the institution of disability insurance, and the enactment of medicare, medicaid, and a number of other sorely needed programs. From 1959 to 1978, the percentage of elderly poor dropped dramatically from 35 percent to 14 percent. But the momentum has begun to reverse as the poverty rate among those over 65 years of age rose almost two percentage points to 15.7 percent by 1980. Budget recissions, deferrals and cutbacks since then have undoubtedly speeded the increase in the poverty rate among the elderly. The Reagan administration said that older Americans are "the wealthiest, best fed, best housed, healthiest, most self-reliant older population in our history." Perhaps, but the fact that the elderly are better off today than the older American of 20 or 40 years ago is no reason to begin to unravel that progress now.

As the demographic trend of the "aging of America" progresses, our ability and commitment to care for our senior citizens will become increasingly crucial. Today, we should be building upon the initiatives which took so long for our elderly citizens to receive instead of systematically dismantling them. Guaranteeing adequate medical care, providing decent housing, ensuring proper nutrition, and maintaining a variety of accessible services should constitute part of an unwavering government policy for the aging. We must work to refine the legislation which is already in place, improve the programs operating throughout the country, provide sufficient resources for maximum effectiveness and determine where we have yet to

fullfill needs which are not being addressed.

Fortunately for the elderly, they have well-organized and well-represented advocates, and the potential political clout of the elderly as voters seems to have been somewhat appreciated in the FY'82 budget roll calls. Older Americans did not fare as badly as children and the working poor for example.

However, the elderly did not emerge unscathed from the FY'82 budget "process" and they are targeted for far more serious cutbacks in FY'83. The full impact of budget cuts in most federal programs has not yet been felt by the recipients; the effects that have been experienced as yet represent only the very tip of the iceberg. In some cases, reductions this year have been absorbed by staff cuts, with minimal impact on program participants and clients. Some portions of the FY'82 cuts have been offset by the availability of carryover funds from the previous year or other grant money that was in the pipeline before the cuts took effect. In other situations, states and localities have been able to supplement reduced funds with reserve accounts set aside for such emergencies.

The scenario will be much bleaker in 1983, however. Local and State governments have done all that is within their power to alleviate the consequences of the cuts on their needy citizens, and have run out of alternatives for absorbing any more of the burden. With further spending cuts proposed and staffs and available funds already stretched to the limit or depleted, the outlook for any relief or reprieve from state or local coffers or other "bonus" money is grim. And the effects of any additional cuts will be multiplied

upon those who have already been stung by the reductions.

The elderly are probably more sensitive to cuts of any magnitude in programs which touch them either directly or indirectly because of their relative lack of mobility and income enhancement options. It is difficult to measure the cumulative effects of the budget cuts on the elderly since so much of their "safety net" has been depleted - housing, employment, energy assistance, food stamps, legal services - the list goes on.

For instance in the City of Syracuse, cuts in the Community Development Block Grant program meant at least 100 fewer houses rehabilitated for the elderly, a reduction expected to be repeated with FY'83 cuts. Decreases in mass transit funding have lead to cuts in special services for the elderly and handicapped and will likely cause fares to double within the next three years.

FY'81 and '82 cuts to the City's CETA program meant a substantial number of jobs lost to older workers. More critically, however, the loss of hundreds of PSE and CETA workers outstationed at senior centers, nutrition sites, senior outreach programs, weatherization and rehab projects, and a myriad of other public and private non-profit service agencies caused a drastic drop in the volume of services provided to the elderly which was immediately felt in our community.

In Syracuse, 48 percent of our public housing units are occupied by the elderly. Loss of federal funds for public housing operating costs threaten further reductions in counseling, recreation and other special services for the elderly residents, as well as reductions in maintenance and repair - these on top of cuts felt

as a result of CETA and other social service reductions. At the same time, construction of new units for the elderly has been cancelled, while tenant rents in existing units will increase by federal mandates.

Cuts to legal services programs have meant staff losses, 700 fewer cases opened in FY'82 and no services to social security cases - service losses affecting a large number of the elderly in Syracuse and Onondaga County. Elimination of this program in FY'83 would mean another 1300 County residents would lose opportunities for legal services.

Funding cuts to the arts - an important part of our lives in Syracuse - have meant ticket price increases and probable elimination of the many special exhibitions, free concerts and traveling performances which are of special enjoyment to the elderly. At the same time, cuts in the CDBG and parks programs will limit the City's ability to undertake park renovation and beautification projects and to maintain a high level of special senior programming.

Reductions in the Low-Income Energy Assistance Program forced a reduction in the maximum household award from $250 to $160 each year - the proverbial drop in the bucket in an area with sub-freezing temperatures through a third of the year. Cuts to the Community Services Block Grant forced the closing locally of two community centers which served a large number of elderly residents. Elimination of this program in FY'83 would directly effect nearly 14,000 people in the Syracuse area.

The Older Americans Act appropriation was reduced only four percent in FY'82, yet cuts in other human services programs, especially

CETA, have had a profound effect on OAA sponsored services. Overall we have experienced a 10 percent reduction in community services provided through the Act. However, should the President's proposed FY'83 reductions pass, community services will be reduced nearly 20 percent, 42,000 fewer meals will be served to the elderly in Onondaga County, and 100 part-time jobs for the elderly will be lost, including a large proportion of jobs at worksites where other senior citizens are served.

While the FY'82 national funding level for the Social Services Block Grant represented a 20 percent cut from the previous year, New York State's share was reduced 24 percent due to the formula based upon total State population rather than need. New York was able to soften the impact of FY'82 cuts in Title XX funding through the use of other funding sources. Further reductions will necessitate curtailments in critical assistance such as protective services for the elderly.

Summary

In the past 30 years, the over-65 population of this country has doubled. The elderly now account for over 11 percent of our nation's citizenry and their ranks will continue to swell so that in the year 2010 those 65 and over will comprise nearly 13 percent the population.

Of the approximately 25.5 million older persons in the U.S. today, nearly two-thirds live in urban areas. The cities welcome and embrace the elderly residents; we do our best to house them, to feed them, to ensure that they are safe, warm and healthy. While our industries and our affluent citizens move out of the City, the elderly

remain and we provide the services to assist them. The cities provide these functions because we can do it in the most efficient and comprehensive way. However, we must be given the resources to continue to provide these services to an increasingly large and poor population.

Of our Representatives and Senators we ask that Mr. Reagan be held to his promise that more spending cuts and economic experimentation will not deprive the elderly of their basic needs. Look beyond the specious "safety net" to the reality of suffering due to budget cuts and losses shouldered by America's elderly.

OFFICE OF THE MAYOR
City Hall
17 Harding Avenue
Terre Haute, Indiana 47807
812-232-9467

P Pete Chalos, Mayor

June 14, 1982

Mayor Robert M. Buhai
Chairman, Subcommittee on Aging
United States Conference of Mayors
1620 Eye Street, Northwest
Washington, D.C. 20006

Dear Mayor Buhai:

I would like to submit the following for the record on the hearings being held in regard to the local impact of federal funding cuts and administrative changes which affect programs for the elderly in Terre Haute, Indiana:

1. Proposed elimination of Title V programs and most especially the Senior Community Employment Program would make a tremendous impact on the elderly in Terre Haute as well as the city as a whole. There are presently 147 people employed in the Terre Haute and surrounding area through these programs. If this program is cut, those people more than likely will not be able to find other jobs and will have no recourse but to turn to other govenment programs such as Food Stamps, Welfare, etc. in order to exist. Let's not take away their only hope of independence, self-sufficiency and pride.

   Also, when these seniors are removed from their positions with the various agencies for which they work, the agencies most likely will not be able to replace them because they are already experiencing budget cuts and therefore, will be left short-handed. The city would then experience a "double-rebound" effect.

2. Cuts in the Title III Programs which include Transportation, Legal Services, maintenance of Senior Centers, Information and Referral Services, Chore and Handyman, etc. will also impact heavily in our city. Transportation is vitally important to the seniors, especially those in rural areas that are trying to remain in their own homes as long as possible. Their need to have transportation to medical facilities, grocery stores, etc.

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City Hall
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P. Pete Chalos, Mayor

and those who can't see well enough to drive, makes it a necessity to have some type of assistance.

The Senior Centers are very important to the social welfare of these citizens. Were it not for the centers, most of the elderly would be totally removed from any social activities. Again, transportation becomes a most vital issue. If there is no transportation, most of them will not be able to attend center functions, thus hindering the older citizens from being an active part of the community or from remaining in their own homes for a longer peiod of time. That would call for more elderly housing so, consequently, we would experience a chain reaction.

The Nutrition Program cuts, if passed by Congress, will mean less meals for older people in 1983. The hardest hit by these cuts, of course, will be the most needy-the homebound elderly. A 9.9% cut in the congregate meal budget and a 16.1% cut in homebound meal budgets will be devastating to those who now have only one meal a day most of the time.

The cuts in Medicaid will more than likely bring about some good points of reform, but again, those hardest hit will be the elderly who must visit the doctors more frequently and the ones who are sick and stay in the hospital for longer periods of time.

3. Currently, the City of Terre Haute has approximately 550-600 elderly on the waiting list for housing through the Terre Haute Housing Authority and 500 or more on the list for other elderly complexes. Needless to say, cuts in federal funding for housing will place a tremendous burden on the city. We need more elderly housing.

4. Our senior citizens are frightened about the possibility that their Social Security checks may be cut. This is the only means of support for many of them and most of them have not prospects of making money. Certainly, this causes me as Mayor much concern.

OFFICE OF THE MAYOR
City Hall
17 Harding Avenue
Terre Haute, Indiana 47807
812-232-9467

P. Pete Chalos, Mayor

The City of Terre Haute, according to data obtained from CITIES-INDIANA-1980, for the percentage of people 65 and older ranks 73rd but first (1st) for all cities 25,000 and over. From the U.S. Publication, U.S. DEPT. OF COMMERCE, BUREAU OF THE CENSUS, and CITY AND COUNTY DATA BOOK, 1972, Terre Haute ranks sixth (6th) in the country for cities with 65 and older. I think it is obvious why our city is extremely concerned about the federal cuts effect on the citizens of Terre Haute.

I would appreciate it if you would include the Terre Haute experiences as part of the hearings. We of the City of Terre Haute, appreciate all your efforts in behalf of the senior citizens of this country. If I can be of assistance in any way, please know that my services are available to you.

We wish you much success and good luck!

Sincerely,

P. Pete Chalos

P.Pete Chalos, Mayor
City of Terre Haute

/jw

AGING REPORT-CITY OF TUSCALOOSA

Demographics

Our society is growing older with more and more people in the 60 and above age bracket. The fastest growing population group is people 85 years of age and older. In the city of Tuscaloosa the senior citizen population is approximately 15,725 which is 16% of the total population, considerablely higher than the national average of 9 or 10%. Within the major service organization for the elderly in the city the average age of clients has risen from 74 years of age in 1980-81 to 76 in 1981-82, a rather dramatic increase. This results in more complex service delivery due to the increased number of services needed by the elderly.

Relationship of City with Aging Programs

The City of Tuscaloosa assisted the senior citizens service agency in 1978-79 in obtaining a larger facility which enabled the agency to begin senior center activities. (*Public housing units within the city have been used as nutrition sites for a number of years). This assistance included obtaining land, partial preparation of the site, assisting with the building move, and building renovation.* Under the new, current administration the City has contributed funds to the agency program budget.

Changes Affecting the Elderly

There has been an increase in the number of elderly persons needing help in the economic area due to the rapid rate of inflation. Limited, low, and inadequate incomes result in more pressures on the elderly and steadily lowering standard of living. An example of this would be that in the service agency mentioned earlier a program of assisting elderly in greatest need with medicine costs was maintained successfully for several years through contributions but during the last year the rising spiral in the need for help and no corresponding increase in contributions, in fact a decrease, resulted in the discontinuance of this needed service.

There has been further greater demand among senior citizens for assistance in the economic area such as obtaining part time employment, marketing handicrafts to supplement income, requests for public housing or sudsidized housing, senior citizens discounts from merchants, and others.

Views on Block Grants

Traditionally the elderly have been underserved. Program and facilities are not adequate for the numbers of elderly and many programs have been maintained at demonstration grant levels. We feel that programs such as RSVP (ACTION), nutrition, senior centers, supportive and in-home services and others should be maintained, at least, at current funding levels.

However, we fear that the elderly will suffer from block grant implementation when all manner of programs and persons are competing for the same dollars. This feeling is based on the fact that in the past, and to a great extent today, the emphasis in the country is on the needs of other age groups.

Because of their past and current contributions to society, their rapidly increasing numbers and needs, the elderly deserve a high priority in distribution of block grant monies.

City of WEST COVINA
1444 WEST GARVEY AVENUE • 91790 • AREA CODE 213 • 962-8631 California
OFFICE OF THE MAYOR

June 11, 1982

Mr. Robert M. Buhai, Chairman
Subcommittee on Aging
United States Conference of Mayors
1620 Eye Street, Northwest
Washington, D.C. 20006

Dear Mr. Buhai:

Attached is the West Covina City Council's position regarding cuts in payments to senior citizens.

Please see that the statement is included in the Committee Record for the House Select Committee on Aging hearings to be conducted in Minneapolis on June 19-23.

Sincerely,

Herb Tice
Mayor

cc: Louis Gilbert

The West Covina City Council has gone on record as unanimously opposing any cuts in social security and medical benefits for senior citizens.

As the City of West Covina ages, we find our senior citizen population increasing each year, a situation which creates the need for careful attention to the special problems (and special skills) of older people. While we can, as a community, provide certain facilities and programs for seniors and while these citizens are capable of making enormous contributions to the community in return, we believe a basic level of benefits must be maintained to ensure that all seniors can lead healthy, productive, independent lives.

We trust Congress will oppose all cuts and delays in existing social security and medical benefits for seniors.

TESTIMONY OF MAYOR WILLIAM T. McLAUGHLIN
CITY OF WILMINGTON, DELAWARE
TO
HOUSE SELECT COMMITTEE ON AGING
UNITED STATES CONGRESS
JUNE 1982

Thank you very much for this opportunity to testify before this hearing of the U. S. House Select Committee on Aging. I am William T. McLaughlin, Mayor of the City of Wilmington, Delaware.

In Wilmington, all direct services for the elderly are provided by the nonprofit sector. In terms of our older population, the City's role is to act as a catalyst to ensure that our private agencies do the best job possible and have as many resources as we can help them attain. For example, at the peak of CETA, the City provided workers for nonprofit agencies; Community Development funds helped agencies with their physical plans; and we served as an advocate for agencies in obtaining funds from the State.

Our hospital services are provided by nonprofit hospitals; our housing services are provided by a nonprofit housing authority; and social services and nutrition are provided by a local nonprofit senior center. There are 11 nutrition sites in Wilmington, serving 1,200 people a day, Monday through Friday, in both the congregate and home bound settings; another 400 people are served on Saturdays, Sundays, and holidays. Through the Older American Act (OAA), we can now say that in our City no older person has to go hungry anymore.

Only in the last two years, as funding has increased under the Older American Act, have we been able to make that statement. But, I am proud to be able to say it, and I think that this kind of statement is what America should stand for. I ask you to remember that statement as you debate whether or not to decrease funding for the Older American Act under the President's budget.

The same good thoughts cannot be said about our housing situation. Our local Public Housing Authority has six high-rise apartments for the elderly. With the severe budget cutbacks of the past year and one-half, the Housing Authority has had to cut back on almost every staff position that they have. They simply do not have enough money to even pay their utility bill any more, let alone maintain their properties or try to make improvements to conserve on energy usage. As you know, the high-rise apartments for the elderly are unique in that each building is almost like a small town in its social structure. The Housing Authority now finds it financially impossible to even provide the equivalent of a "town secretary" for each building. And, the problem will get worse as long-time residents see their health decline, making it even more difficult for them to maintain independent life styles.

The Housing Authority, however, has never been and certainly is not now equipped to deal with large numbers of people whose health is declining. With a few social workers, the Housing Authority could help these residents remain in their apartments for a few more years. Since the money for social services has been cut too, in the next few years more and more of these residents will have to be placed in nursing homes to be paid for with Medicaid funds. So, while the President saves a few dollars now, he is going to lose that savings in the next few years when his Medicaid budget must be increased.

A large part of our major nonprofit General Hospital is moving to the suburbs. We lost the fight to keep them in Wilmington, but we did win some battles to ensure that our older people will have access to the hospital and adequate transportation to visit their friends who are in the hospital. The hospital complains that the President's budget has reduced their special funding for care of the elderly even though the Federal government recognizes that older patients require more time for physicians and other staff members than do other patients.

We are fortunate to have a Veterans Hospital right outside of the City limits. But, our veterans are beginning to worry that the benefits they counted on are going to be reduced even more than they have already been. All this to occur just at the time most veterans of World War II are becoming elderly.

If I can leave one thought in your minds, let me say that our older people are scared. Practically every day, they read or see headlines that say, "Social Security Bankrupt," or "Elderly take one-third of Federal Budget." When our elderly people are at the mercy of the Federal government, these headlines can be very frightening. We are told that our nation is in an economic transition; however, there seems to be more concern about the effect of uncertainty on the financial markets than there is about the effect of uncertainty in the lives of our older people. It seems that the President tries to do everything possible to maintain a stable financial policy, but we have yet to see that concern for a stable social policy for our senior citizens. Our older people will suffer under the President's budget in three ways. Social Security and health benefits are threatened with cuts; social services are cut; and our older people will become easy prey for younger people who can't survive on their reduced social benefits.

Our older people want to stay in their homes. They don't want to sell out to a speculator who comes along and offers a price they never dreamed they could get for their home, but are afraid to take a chance to stick around for the increased property values in a few years for fear they will not live that long.

Our older people want to be active, participating in a full life. But, the President proposes elimination of Medicare "carve-out" for older workers and he wants to do away with the Title V Program. Older people want to go to church on Sundays, but the bus company doesn't have enough money to run the buses

on Sundays. Our older people don't want to become ill, but the President's budget doesn't begin to keep up with the medical needs of senior citizens. Our older people don't want to become senile, but the President's budget has almost no money for research into Alzheimer's Disease, the leading cause of senility in older people. Our nation found a cure for polio, but we don't spend much money at all to try to end senility. If we could cure Alzheimer's Disease, then half of our nursing beds in America would be empty overnight. That would certainly have an affect on the Federal budget.

The older people in Wilmington that I talk with are very willing to do their share to help our country get back on its feet. These are the people with the real sense of patriotism. They only ask that they not be required to do more than their fair share. They only ask they not be made to feel guilty for living so long. Thank you very much for this opportunity to testify.

TB/jem

UNITED STATES CONFERENCE OF MAYORS
1620 EYE STREET, NORTHWEST
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CHANGES TO STREAMLINE AND STRENGTHEN

THE PRESENT ADMINISTRATIVE SYSTEM FOR AGING PROGRAMS

This paper is intended to generate ideas on alternative approaches to streamline and strengthen the present administrative system for essential aging services. It is intended to promote greater coordination, to strengthen the capacity of the "aging network" of states and area agencies on aging, to ensure greater flexibility and accountability at the community level, to effectively involve local governments, and to promote greater linkages between the public and private sectors. It does not necessarily reflect the policies of the United States Conference of Mayors.

Need to Change

There is a critical need to develop more effective and efficient delivery systems to provide support services to older Americans. It is increasingly more crucial as local communities respond to the impact of cutbacks in federal and other public resources; changing demographics; shifts in the role and responsibilities of the various levels of government in public and human services; changing attitudes of taxpayers and voters regarding public services. These changes are coupled with a basic reassessment of the role, responsibility, and capacity of the older individual, as well as family, friends, neighbors, and the private sector.

Present Structure

At the present time, the administrative system for aging services is highly fragmented, uncoordinated, and for the most part, ineffective and inefficient in meeting the needs of older citizens. The present aging network of public and private agencies has been fairly successful in bringing national and local focus to many of the concerns of older Americans. However, much of its potential to respond to these needs has been eroded by the complexity and constraints involved in coordinating programs at the local level--where the elderly person resides.

Since 1973 a network of nearly 660 Area Agencies on Aging (AAAs) has been established for the express purpose of developing a comprehensive and coordinated system for serving elderly persons in the community. Although many, if not most, of these local agencies have limited resources and capacity to fulfill this goal,

many AAAs have been successful in utilizing their limited funds (primarily Older Americans Act) to leverage other public and private resources. For others, the lack of necessary authority or clout has limited their ability to counteract effectively existing administrative and "turf" barriers.

These barriers exist at federal, state and local levels. While the federal government has numerous programs which may benefit the elderly (nearly 130 separate programs), these various programs each have a particular focus and utilize their own administrative systems. Fragmentation also exists at the state level and is further complicated by the limited involvement by local governments and communities in planning and administrative decisions of many state programs. And finally, at the local level there are often ineffective linkages between the Area Agencies on Aging and local governments, with each "doing their own thing".

Suggested Alternative

To provoke discussion, consideration should be given to consolidation and streamlining of many existing federal programs, to be administered by an "upgraded" Administration on Aging. These consolidated and formula funds would "pass-through" state governments to be administered by local prime sponsors--Area Agencies on Aging. Essentially, this approach would enhance the resources of the Older Americans Act by: a) transferring total or partial funding from separate federal programs; b) strengthening the role, visibility and responsibility of the Administration on Aging (AoA); c) streamlining federal programs by shifting program responsibility to AoA; d) altering the role and responsibility of state governments with aging programs; and e) strengthening the resources and capacities of the Area Agencies on Aging.

Discussion Questions

- Should there be a consolidation of federal aging programs to streamline the administrative system (lessen fragmentation)?
- Which programs should be consolidated?
  Older Americans Act, ACTION Older Volunteers, health services, portions of other programs such as Title XX, Community Services Programs, Older Workers, etc.
- How should these programs be administered at the national level?
  Role of AoA (upgrading of office within DHHS), newly created agency, role of existing agencies, Social Security
- What administrative structure should be utilized at the state and local level?
  - state government role (other state aging programs)
  - local government role
  - impact of restructuring of existing "aging network"
- What amount of federal match; who pays?
- How and when should these changes be developed?

Suggested New Responsibility for AoA Administering Consolidated Federal Aging Programs

Older Americans Act, ACTION's Older Volunteers Program, DOL's Older Workers Program, health services, portion of Title XX, and other appropriate programs (not Social Security which would remain a separate federally administered program) would be administered by the Administration on Aging, which would be elevated to an office directly responsible to the Secretary of DHHS.

These formula grants would "pass-through" state to local sponsors, (Area Agency on Aging), through one of three administrative options (see below). These consolidated funds would provide for the local development of essentially all aging services, excluding income maintenance (remains with Social Security).

Suggested Local Options for Administrative System

These new consolidated funds would be administered by a local prime sponsor--the Area Agency on Aging. For many of the existing AAAs this would mean increased program resources and responsibility, while for others it would mean a restructuring of present administrative systems--essentially the governing board for the AAA.

Locally, there would be three options (determined by local officials) for the administrative structure of the AAAs:

A. Prime sponsorship by units of local governments or with consortiums

- eligibility requirement of 30,000 population
- balance of state to be administered by state government
- one or more AAAs per Planning and Service Area (PSA) as needed
- local government responsible for administration and local match of funds

B. Consortium of local governments - governing board proportionally composed of the chief executive official (or representative) of participating units of local government within the PSA

- establish single purpose public non-profit agency
- executive director responsible to governing board
- establishment of separate trust fund for administration of non-public funds (wills, donations, etc.)
- proportional contributions for match

C. Establishment of a non-profit corporation - governing board composed of:

- 1/3 representatives of local government (appointed by chief executive)
- 1/3 elderly (representatives of elderly councils in community, etc.)
- 1/3 community, business, corporate, foundation, professional, university, United Way, etc.
- Executive director and trust fund concept would be same as with Option B.

Revised Non-Federal Match

- 25% match would be provided at the local level
  - depending on local administrative system
    -- % of participating governments
    -- provided with use of trust funds

Revised State Role

- Administration of pass-through funds
- Development of state plan (an aggregate of the local plans for accountability of federal funds)
- Provision of technical assistance, research, innovative and demonstration programs
- Public advocacy

- Direct administration of balance of state areas
- Statewide coordination

Suggested Processes for Change

- Amend the Older Americans Act, as a vehicle for amending and consolidating other authorizing legislation
- Elevate the Administration on Aging, transfer programs such as ACTION's Senior Companion, etc.
- Keep the "aging network" of Area Agencies on Aging
- Provide at least a one-year transition period to facilitate a change in the administrative structure

Elderly Housing

WHEREAS, many elderly are experiencing difficulties in remaining in their own homes due to increasing rents, utilities, maintenance, and related costs, as well as a need for adequate support services; and

WHEREAS, a number of cities are initiating local programs designed to assist the elderly in remaining in their homes such as utilizing the equity invested in their homes, congregate housing, and programs to promote shared housing, and use of "granny flats"; and

WHEREAS, Section 202 of the Housing Act operated in conjunction with the Section 8 rent subsidy program has been successful in providing elderly housing; and

WHEREAS, many cities are experiencing multi-year waiting lists for available units in elderly and public housing, and have shortages in other suitable and affordable housing for the elderly, as well as other disincentives and restrictions for seeking alternative living arrangements; and

WHEREAS, the 1981 White House Conference on Aging cited the need for at least 200,000 new units of elderly housing in FY83, and recommended that choices in living arrangements be provided including at least 20,000 units of the Section 202 elderly housing; and

WHEREAS, the Administration has proposed a 44 percent reduction in the Section 202 elderly housing, replacing the Section 8 rent subsidy program with a voucher system with decreased benefits, and has nearly eliminated the low-income public housing program of which nearly half are elderly tenants,

NOW, THEREFORE, BE IT RESOLVED THAT the U.S. Conference of Mayors continues to support full funding of the Section 202 elderly housing with a continuation of the present system of rent subsidy with use of congregate services; and

BE IT FURTHER RESOLVED that a national program be developed to promote a wide range of choices in alternative living arrangements for the elderly including shared housing, "granny flats," congregate housing, assisted independent living and with local capacity to coordinate and tap support services; and

BE IT FURTHER RESOLVED that the federal government should encourage and give continuing support to the development of local programs for innovative solutions to the problems of housing for the elderly; and

BE IT FURTHER RESOLVED that a national program be developed to promote and facilitate alternative financial systems to provide the elderly with choices in utilizing the equity in their homes.

Older Workers

WHEREAS, many elderly people need part-time employment to remain economically self-sufficient; and

WHEREAS, the employment opportunities for older workers are limited and have become increasingly so as unemployment increases; and

WHEREAS, Title V of the Older Americans Act, the Senior Community Services Employment Program, provides over 54,000 part-time jobs to unemployed low-income persons age 55 or over; and

WHEREAS, many of these older workers provide essential community services, such as transportation, crime prevention and assistance to other senior citizens which will be jeopardized by the elimination of the program; and

WHEREAS, the Administration has proposed to eliminate the Title V program in FY83 and replace it with a consolidated employment program in which the older worker will have to compete with other disadvantaged workers for significantly reduced funds,

NOW, THEREFORE, BE IT RESOLVED that the U.S. Conference of Mayors urges continuation of the Senior Community Services Employment Program as a separate fully-funded categorical program; and

BE IT FURTHER RESOLVED that employment slots provided through the Program be allocated equitably among the states and local jurisdictions and that local governments be provided a meaningful role in planning for and administering the program; and

BE IT FURTHER RESOLVED that innovative approaches, such as flex-time, job sharing, and part-time opportunities, be utilized to encourage the employment of older workers in the private sector.

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Administering Aging Programs

Serving the Urban Elderly:
Issues and Programs

VOLUME VI

United States
Conference of Mayors

The United States Conference of Mayors

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Project Director

Acknowledgements

The Aging Project, a unit of the Office of Urban Employment, Education and Human Development directed by James Parsons, was responsible for the development of this set of documents. Richard D. Johnson, Staff Associate, had primary responsibility for research and writing, and Sandra Wilson-Young, Senior Office Associate, for production requirements.

The Project wishes to express appreciation to numerous Conference staff, local officials, and consultants who provided information, review and assistance, with special recognition to Beverly Deacon and Jacqueline Aamot; Kay Jernigan of the Administration on Aging; interns from the University of Maryland; and members of a Technical Advisory Panel to the Project (listed on back page).

This document was prepared by the United States Conference of Mayors under Grant Number 90-AM-5/02 from the Administration on Aging, U.S. Department of Health and Human Services. The opinions expressed herein do not necessarily reflect the policies of the Administration on Aging.

Preface

Each day nearly 5,000 persons celebrate their 65th birthday, resulting in a net gain each year of over a half-million older Americans. Two-thirds of these elderly live in an urbanized area and half of them in the central city. In part due to this demographic shift and its resulting impact locally on program demands, revenues and other political, social and economic factors, many cities have established an office or unit on aging.

In response to concerns expressed by Mayors regarding the needs of their older constituents, the United States Conference of Mayors established in 1975 a Task Force on Aging. During its three year history the Task Force examined a number of priority issues of the urban elderly, as well as the types of resources and local programs available to benefit the elderly. Many of the findings of this effort were contained in a Conference of Mayors publication, *Serving the Urban Elderly: Strategies for Mayors*.

New Development

Much has happened since regarding aging programs in emerging issues, in changing resources and in program development. Many of these issues and concerns surfaced during the 1981 White House Conference on Aging.

Reductions in federal funds and administrative changes underway in federally funded programs, as well as demands by voters and taxpayers for greater effectiveness and efficiency in publicly funded programs, are requiring city government to reassess existing services for the elderly.

As a result, new innovative programs are being developed locally; new partnerships are being formed between cities, their Area Agency on Aging and the "aging network;" increased reliance is being placed upon self-help, volunteerism and private sector resources; and new tools and techniques using municipal governing powers (taxing and policy options, zoning and administrative changes) as a means of providing adequate and appropriate services to the elderly are being tested by Mayors and city officials.

Purpose of this Document

The purpose of this document is to update an earlier publication, *Serving the Urban Elderly: Strategics for Mayors* and to facilitate its use as part of a series of documents on aging issues contained in a Conference of Mayors handbook, *Administering Aging Programs*.

Other volumes in this series are:

- Volume I: "Assessing the Role of Cities in Aging Programs"
- Volume II: "Structuring An Office on Aging in City Government"
- Volume III: "Pursuing AAA Designation"

- Volume IV. "A Mayor's Guide to the Older Americans Act"
- Volume V. "Directory of City Aging Offices"
- Volume VII. "Coordinating Services for the Urban Elderly"

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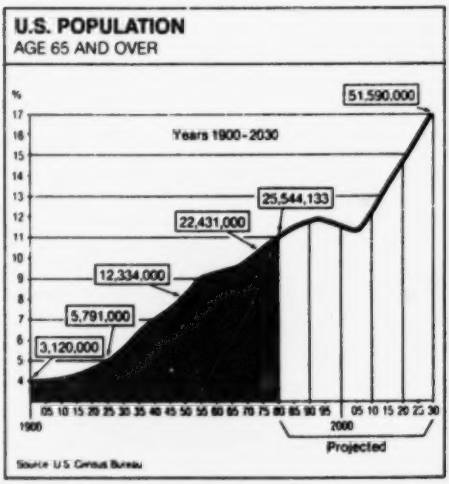
Introduction

Today 25.5 million persons aged 65 and over account for 11.3 percent of America's total population, the fastest growing segment of our society. Another 5,000 Americans celebrate their 65th birthday each day; a net increase of over one-half million older persons annually.[1] It is projected that by the year 2035 the elderly population will more than double, and that the number over age 85 will more than triple. This compares to a general population increase of just 35 percent.[2] The demographic shift will have significant impact on national and local policies as governments respond to the demands of this growing and increasingly vocal segment of the population.

The elderly today are, as a group, much different than those of the previous generation: they are better educated, more active, more self-reliant, healthier—and older. At the turn of the century, life expectancy at birth in this country was only 45 years. Today, a husband and a wife at age 60 can expect to spend their next 17 years together.[3]

It is common to think of the elderly as a homogenous or monolithic group; they are, in fact, an extremely diverse group spanning a 25-30 year age range. As the needs of a 50-year-old can be expected to differ considerably from those of a 20-year-old, so should the needs of a 90-year-old be expected to be different from those of a 60-year-old. Recognizing the significant differences at the various levels within the term "elderly," gerontologists differentiate between the "young-old" (age 65-75) and the "old-old" (85 and over).



AGE GAUGE—Chart shows the percentage of the American population 65 and older from 1900 to 1980, with predictions for 2030.

The graying of America is already having increasing impact on society. Due in large part to the media, "gray

power" is becoming a household phrase. The solvency of the Social Security System; the "graying of the federal budget"; the effects of retirement policies on unemployment; and television commercials replacing teenagers with grandmothers as the business sector notes the increasing elderly market are all evidence of a new awareness of our aging society. Senior issues are being debated on all levels of government, and perhaps the aging of America is best symbolized by the election in 1980 of the oldest president in the nation's history.

President Reagan meets with the President of the U.S. Conference of Mayors, Mayor Helen Boosalis of Lincoln.

Local Impact

At the 1981 White House Conference on Aging, Health and Human Services Secretary Richard Schweiker termed the graying of America "the most profound sociological trend of the coming years."[4] This demographic shift has had serious ramifications for federal policies, funding and programs. When Social Security programs are included, better than one-fourth of the federal budget is allocated for programs benefitting the elderly.

For local governments, the impact may be greater, at least in the near-term. Nearly two-thirds of the elderly live in urbanized areas, and half of these within central cities. Thus, while one of every nine Americans is over the age of 65, in many cities this ratio is as high as one in every five or greater.

The large and growing number of urban elderly is having a profound impact on nearly every facet of city life, including: educational, physical fitness and cultural activities; adjustments in transportation services; development of new community-based approaches for a continuum of health care, including long-term care; development in new living arrangements; and changes in the marketplace.

The next few years will see an even greater period of adjustment and transition as local governments adapt to both the demographic shift and the transfer (or proposed transfer) of increased financial and administrative responsibility from the federal level to state and local governments. The philosophy of the Reagan Administration in the formulation and implementation of social service legislation and programs, including that focused on the elderly, is based on the principle that the well-being of the public is primarily a responsibility of individuals and families, and of the communities in which they live.

Many new issues have emerged since the 1976 publication of the Conference of Mayors Task Force on Aging, *Serving the Urban Elderly: Strategies for Mayors*, including:

- **Crime.** Use of elderly volunteers and self-help in crime prevention; increased awareness; the element of fear vs. statistical probability of crimes against the elderly; financial, physical and emotional impacts of crime.
- **Economic security.** Labor market reentry of older workers; adequate retirement incomes; innovative private sector employment opportunities; abolishment of mandatory retirement and enforcement of the Age Discrimination Act; "courtship" of older consumers.
- **Health.** Relationship between health maintenance, nutrition and other social and economic factors; development of community-based health systems to provide a continuum of health services; innovative alternatives to institutional care; alternative health care financing schemes.
- **Housing.** Support service accessibility and use of new financing mechanisms for longer independent living; zoning laws and other administrative and policy changes to allow choice of living arrangements, including shared housing and granny flats.
- **Information Systems.** Use of new techniques and technologies such as "Lifelines" monitoring systems, radio and telecommunication and computerized systems; multiservice senior centers as community focal points; seminars, "hotlines," directories and newsletters.
- **Retirement Activities.** Increased participation in education; physical fitness and cultural activities; volunteerism; political activism.
- **Transportation.** Recognition of the reliance by elderly on family and friends for transportation needs; paratransit systems; accessibility issues; operating costs for maintaining vans and bus service; importance of public-private system such as new uses of taxi systems.

As the responsibility of human services has traditionally been a primary responsibility of state and county governments and the private sector, cities are now emerging as important partners in the "aging network" through their services and contacts with older citizens in such areas as police, fire, recreation and housing. City governments have begun to modify programs and develop new collaborative efforts with other agencies to ensure that city-backed activities respond to the needs of the elderly. City governments have also increased their skills and capacity to administer human services programs through participation in federally funded programs such as model cities and manpower training, and programs targeting to specific population groups, such as the elderly.

The initial establishment of an *ad hoc* task force or advisory commission established by the Mayor or City Council to examine the priority needs and concerns of the urban elderly has often resulted in permanent units responsible for aging programs. A 1980 survey by the United States Conference of Mayors revealed that more than two-thirds of the responding cities indicated they had either established a separate office on aging (124 cities) or a city program unit for aging. Over one fourth reported directly to the Mayor (26 percent) with the remainder divided between the City Manager (ten percent), Parks and Recreation (15 percent), Department of Human Services (11 percent), or the City Council. Many cities, particularly in Massachusetts, have a community-based council on aging with its own governing board which includes membership by the city, as well as contractual and other formal and informal linkages to the city government.

Approximately one-fifth (21 percent) of city aging offices were established prior to 1973. Nearly three-fourths of the cities use city general funds, of which a third have budgets over $100,000. Seventeen cities have been designated by their states as the Area Agency on Aging (AAA) with responsibility to plan, coordinate and administer Older Americans Act funds (see Volume IV of this series) within a specific Planning and Service Area (PSA), usually the city jurisdiction.

With the reduction of federal, state and local resources, and the simultaneous growing demands for essential services by an increasing elderly population, most cities are facing difficult resource allocation decisions. This has led city officials to a search for not only different sources of funding, but better ways of maximizing available resources.

One approach being tested in many cities is better use of municipal governance tools, such as tax policies, zoning and regulatory actions and administrative changes, to complement and enhance services for the urban elderly. A number of examples of this governance approach are provided throughout this volume. In the fall, the Conference of Mayors will publish a separate volume, *City Governing Tools to Address Needs of the Elderly*" on the use of municipal governance tools and innovative public policy options to benefit the elderly.

Role of the Mayor

As the chief elected official, the Mayor is in a unique position to provide local leadership to ensure the availability and accessibility of essential services to benefit the elderly. Regardless of the size of the community or the form of government, the Mayor is a key factor in stimulating local change, whether by serving as a catalyst for public and private partnerships, ensuring equitable resource allocation and promoting effective and efficient administration of programs, or by acting as an advocate for the elderly in intergovernmental and community negotiations.

In many communities it is the Mayor who is the leading volunteer, devoting much personal time and effort to promote community good-will, programs and activities to benefit and involve the elderly. Numerous aging groups attribute the probable success of any program to the extent of community leadership provided by the Mayor. An emerging partnership is being forged in many communities between city hall and the aging network vis-a-vis the Mayor.

There are countless examples of Mayoral involvement to promote local leadership in programs for the urban elderly. A few examples are:

Coordination	Mayor Edward Koch, New York City—In an effort to ensure greater citywide communication and coordination among municipal services for the elderly, established an Interdepartmental Council on Aging, administered by the City's Department on Aging.
Recognition	Mayor Jane Byrne, Chicago—To promote community recognition and appreciation for the valuable contributions of senior citizens, conducts an annual "Senior Citizens Hall of Fame" program during Older Americans Month.
Public-Private Partnership	Mayor Jake Godbold, Jacksonville—In response to concerns about decreased public funds and increased needs for senior housing, negotiated a private sector and volunteer "adopt a senior high rise" program, whereby private companies assume responsibility for the maintenance and operation of elderly facilities.
Administrative Change	Mayor Robert Buhai, Highland Park, Illinois—To ensure that the concerns of the elderly were properly addressed and coordinated, created a cabinet-level Department on Aging.

Volunteerism	Mayor William Donald Schaefer, Baltimore—In numerous activities, ensured that community volunteer programs addressed problems of the elderly, as well as promoted programs for older volunteers.
Senior Centers	Mayor Albert Smith, Skokie—To ensure that a community focal point existed for programs for the elderly, took action to ensure the establishment of a multiservice senior center.
Public Advocacy	Mayor Helen Boosalis, Lincoln—In numerous efforts to bring local and national attention to the needs of the elderly, provided testimony at all levels of government, participated in workshops, seminars, and/or forums addressing aging issues, and spoke out on priority aging issues.
Innovative Housing	Mayor William Hanna, Rockville—To stimulate the development of "granny flats" as a new choice in living options, provided national and local leadership to bring public attention to the issue, negotiated local zoning changes, and took action to identify necessary funding.
Health Services	Mayor Charles Royer, Seattle—To ensure adequate and affordable health services to inner-city elderly, took action to preserve public hospitals, as well as to negotiate for the establishment of community-based health systems.

Summary

There is an increasing recognition of the need "to help the elderly to help themselves," particularly through efforts to promote physical, social and financial well-being, including efforts to provide a choice of living arrangement, and a continuum of health and preventive care to enable the elderly to remain independent for as long as possible. City governments are becoming an integral part of this effort.

The increased number of the urban elderly will affect not only the service delivery of health care, recreational, cultural, educational, safety, housing and other city services, but will also have profound impact upon local economies, as businesses respond to the needs and preferences of older consumers. Likewise, the demographic shift will be felt in family behavior, community activities, municipal revenues and budgets, and the ballot box. How well a community is able to plan ahead and adjust local institutions and programs is often determined by local leadership. The purpose of this volume is to highlight current priority issues of the urban elderly, and some of the local initiatives taken in response to those issues.

Footnotes

1. U.S. Congress, Senate Special Committee on Aging, *Developments in Aging: 1980, Part I*, p. xiv.
2. Richard Schweiker, remarks before the 1981 White House Conference on Aging, November 30, 1981.
3. *Ibid.*
4. *Ibid.*

I. Economic Security

Attitudes toward retirement are intensely individual: for some it is the fulfillment of youthful daydreams; for others, it is a time to dread. Some older people view retirement as a time they have long planned for, when they finally have the time to do the things they have always wanted to do. For the nearly four in ten who are forced to retire, it can be a difficult period, characterized by anxiety and depression for both physical and financial reasons.

Perhaps the single most important determinant in an older person's attitude toward retirement is economic security. Most other necessities of life, adequate housing, access to transportation, nutritious meals, and even the quality of health care are all dependent to some degree on ability-to-pay. Due to high inflation millions of older Americans have found increasing hardship in stretching their personal budgets to cover an adequate existence. A recent Louis Harris poll reported 17 percent of the current elderly population responded that "not having enough money to live on" was a serious problem for them. This response translates into over 4.3 million older persons nationally.

Older Americans are represented on all rungs of the economic ladder, but they are found disproportionately at the lower levels. In 1979, fully one-quarter of the families headed by a person 65 or over had incomes below $7275,[3] and in 1980, 15.7 percent, or over four million elderly people, subsisted below the poverty level.[4]

The "typical" urban retired couple with an intermediate income in 1979 ($8,562) spent 29 percent of their income on food ($47.75 per week), 33 percent on housing ($235 per month), ten percent each for transportation and health, and seven percent on clothing and personal care, leaving only 11 percent for all other needs.[5]

While the poverty level is adjusted for inflation by the use of the Consumer Price Index (CPI), studies have shown that the cost of necessities (of which a greater

Poverty Level

The definition of the official "poverty level" was essentially developed by the Social Security Administration in 1964 from Department of Agriculture estimates of the cost of subsistance meals. It is based on the assumption of food cost accounting for one-third of the total low-income budget, therefore the food price allotment is multiplied by three to arrive at the overall "poverty line." Each year this level is adjusted by a rate equal to the Consumer Price Index (CPI) to account for inflation.

Using this index the official poverty level in 1981 for an older couple was $5,600 per year. This translates into:

- $.85 per meal per person ($17.95 per week for food);
- $156 per month for rent (or house maintenance and taxes); and
- $77.50 per month per person for all other needs (medical and dental care, personal and property insurance, clothing, furniture, transportation, utilities, etc.)[7]

proportion of an elderly person's budget is comprised) rises at a rate faster than does the overall price index.[6] This fact has led some groups to advocate the use of a different inflation index for determining adjustments in federal program benefits for the elderly.

While the percentage of elderly living at the poverty level had declined by an average of one percent per year from 1959-1974, the percentage of elderly living at or below the poverty level has remained virtually the same since the mid-1970s.[7] In part, this is based on adjustments in Social Security benefits due to increases in the CPI. However, the actual number of impoverished older people has risen, a reflection of the increasing number of older Americans. In addition to the number of people living at the poverty level, there is a substantial number of elderly who may be classified as "marginally poor," living just above the poverty level.

Social Security

When it was established in 1935, Social Security was viewed as a complement to savings and pensions, with a retiree's budget coming from a variety of sources, including Social Security, a private pension plan, and individual savings or investments. However, Social Security is the sole source of income for some 28 percent of retired persons,[8] and the major source for 38 percent.[9] Today, over 90 percent of those employed are covered under Social Security.[10]

The Social Security system is essentially an income transfer program, with taxes paid by those who are currently employed transferred to those now retired, their dependents or survivors. This "pay as you go" system has generated intense debate for the last several years on the danger of depletion. A key problem is the increasing ratio of retired to active members in the workforce contributing to the system. When Social Security was established, there were only nine retirement age persons for every 100 workers. By 1970 that number had doubled to 18,[11] and it is projected that when the people born at the peak of the post World War II baby boom reach retirement in 2025, the ratio will be between 44 and 65 Social Security beneficiaries for every 100 workers.[12]

To combat this trend the payroll tax deductions from workers' paychecks has steadily increased in recent years. While this provided a short-term solution, the impact of inflation coupled with the addition of such programs as disability assistance and education assistance for dependents has brought the Social Security fund to a critical stage. Attempts to head off a default of the system have led to the 1981 postponement of a cost-of-living increase, adjustments and elimination of benefits, and the establishment of a commission on the Social Security system to recommend long-range solutions to ensure the solvency of the systems.

Average Social Security Benefits in Current Pay Status

	November 1981
Retired Worker Alone	$376
Retired Couple	642
Aged Widow or Widower	349
Disabled Worker Alone	397
Disabled Worker and Family	803

Source: Social Security Administration, Office of the Actuary

Pensions

The growth in the percentage of people covered under public and private pension plans in recent years has made these systems the second largest income transfer in America[14] (surpassed only by Social Security), yet most Americans are still not full participants. Although approximately 50 percent of all private sector employees and nearly all public sector employees are covered by some type of employee pension program,[15] it is estimated that only about 25 percent of current workers will ever actually receive pension benefits.[16] To be guaranteed of receiving benefits from a system (i.e., "vested") employees are normally required to work for 10 years for the same company, an increasingly rare occurrence in today's mobile society. Private pensions are not required to provide additional pension contributions or benefit accruals for service performed after age 65, thus providing no incentives for work beyond 65.

Unlike the Social Security system, pensions are seldom indexed for inflation, thus their purchasing power can be quickly eroded. For example, assuming only a seven percent annual inflation rate, a $200 per month fixed pension is worth only $100 per month after ten years and only $50 per month after 20 years.

Until the mid-1970s there were virtually no guarantees that a worker would ever be able to collect the money he or she had invested in a pension plan. A company could go bankrupt and the money contributed by its workers for their retirement years would be lost. The Employee Retirement Income Security Act of 1974 (ERISA) established for the first time standards for the protection of benefit rights, disclosure, funding, fiduciary responsibilities and created the Pension Benefit Guarantee Corporation to insure plans in the event of failure of the business. Although ERISA goes a long way in securing the rights of employees participating in pension plans, it does not set rates for existing plans nor require businesses to have one. Many legislators who oppose the law feel that its regulatory requirements and restrictions prevent many businesses from initiating pension plans and discourage continuation for some that currently do have plans.

Savings and Investments

When the Social Security system was established it was assumed that the funds it provided at retirement would supplement savings and investments to ensure an adequate income for the individual. This goal has not proven to be the case. For the most part, income derived from savings and investment is available only to middle and upper income elderly. Very few among the aged have substantial savings[17] and, again, high inflation has actually reduced in real terms the amount they may have been able to save.

As will be discussed later in the Housing section, most older persons have invested in their homes, and innovative programs are being established to "free up" the equity accumulated from this investment.

Employment Needs

Increasingly, older people are finding they need more retirement income than provided by Social Security, pensions and savings. Increasing numbers of the elderly are staying in the labor market or returning to some form of employment whenever they can. Unfortunately, the older person wishing to work is often unable to secure suitable employment opportunities, in part due to age discrimination. A recent survey has shown that as many as 85 percent of employees aged 55 and over indicated they would like some form of paid employment after they retire.[18] And, contrary to wide belief, numerous studies have shown that older employees actually have fewer absences than younger workers, fewer on-the-job accidents, are more satisfied with their new jobs, and perform as well as younger workers once they master new information.[19] Too, the years of experience that older workers have gained in the workforce can be viewed as a positive asset.

To encourage employment opportunities for older people the federal government has established programs for older workers, provided protection from discriminatory employment practices and abolished mandatory retirement policies. To end discrimination against older workers, the Age Discrimination in Employment Act was enacted in 1967 to protect employees aged 40-65 (later amended to aged 40-70) from arbitrary age discrimination in hiring, separation, pay, promotions, fringe benefits and other aspects of the job. Employees can sue an employer under the Act and can file complaints with the Equal Employment Opportunity Commission (EEOC) for possible federal action. In addition, 1978 amendments to this Act abolished mandatory retirement for all federal employees and for most other employees up to the age of 70.

A number of cities have also taken independent action to promote employment opportunities and abolish mandatory retirement for all municipal employees. In Seattle, this was accomplished through executive order, while in Los Angeles, the voters overwhelmingly supported the abolishment of mandatory retirement.

Retirement Planning

Before actual retirement, workers need to have a realistic picture of what leaving the workforce will mean to them financially and emotionally. A majority of people retire with little preparation for their future, as evidenced in a recent survey conducted by a national insurance company which found that only 12-15 percent of its employees aged 55 and over had done any significant pre-retirement planning.[20]

In recognition of the need for more intense pre-retirement planning, a number of public and private efforts have been initiated to prepare employees for their retirement years. The Older Americans Act identifies pre-retirement activities as one of the eligible expenses for Title III funds. Many cities, such as Chicago and Baltimore, have established comprehensive pre-retirement programs. Additionally, a number of private initiatives are emerging such as the Action for Independent Maturity (AIM) program of the American Association of Retired Persons (AARP) which provides training seminars for older individuals.

The City of Richmond, Virginia offers a two-day program three times per year to City employees who are within five years of retirement. Patterned after the Chicago program, the Richmond program was developed by the City's Commission on the Elderly, is offered on City time, and covers such subjects as personal evaluation and goal setting, financial planning, the City's retirement and supplemental insurance programs, employment after retirement, health and safety. In addition, each participant is provided with a list of resource persons to contact for further information about the topics presented. In some cities, such as St. Louis, pre-retirement programs are offered to the general public as well as city workers.

Employment Opportunities

As people age, their needs often change. In the retirement years a number of decisions need to be made concerning future employment: whether to seek full-time or part-time employment opportunities or not work at all; whether to continue in the same line of work or to seek new career opportunities.

Recognizing changes within the labor market, including older workers, employers are beginning to develop new policies for flex-time, job sharing, working at home, and part-time employment opportunities. However, for older workers to continue to be productive in the labor force, training, retraining, and job recruitment and referral services need to be developed.

A number of cities have recognized older workers as an important resource, and are utilizing their years of experience through various employment positions, including consulting and part-time work. Of particular importance has been the employment of older persons in programs targetted to the urban elderly. In the Philadelphia Mayor's Commission to the Aging, forty of forty-

two staff members who administer the City's comprehensive program for the elderly are over the age of 55.

The major federal program established to employ older citizens is the Senior Community Service Employment Program (SCSEP). This program, authorized through Title V of the Older Americans Act, currently funds 54,200 part-time public service positions nationally for low-income people aged 55 and older. It is administered by the Department of Labor through states (20 percent) and "national contractors" (80 percent). (See Appendix B for listing of national contractors.) Approximately 51 percent of the SCSEP employees hold jobs relating to services specifically for the elderly while the remaining 49 percent serve the general community, in such activities as education, health services and transportation services. The Administration's fiscal year 1983 budget requests indicate its intention of consolidating at a reduced funding level this and other employment programs into a single national program targetted to a number of disadvantaged groups in the labor market, including older workers.

Many cities make greater use of older workers in services for the elderly, working in aging offices and senior centers. Oftentimes though, cities employ older workers in non-age-specific services which benefit the city as a whole.

Senior Citizens Park Maintenance Corps — **Revere 1980 population 42,000**

Revere, Massachusetts, has implemented a new concept in park maintenance while providing meaningful part-time employment opportunities for its older residents. Working with a 70%/30% matching grant from the Heritage Conservation and Recreation Service of the Department of Interior, the City employs 25 people over 60 years of age to assist in the maintenance of the five City parks. Originally conceived and developed by the Mayor, the program is useful for the older residents so employed and for the community as a whole.

(photo from "WGS Connection")

Because the number of applicants far exceeded the number of positions, a lottery was held to select the 25 employees and ten alternates. Once chosen, the workers were required to pass a simple physical examination to ensure they were capable of the manual labor and physical exercise required by the job. Participants were then grouped into teams of five, with efforts made to place employees in the park nearest their home.

The seniors' duties include the trimming of hedges and shrubs, raking and cutting of grass, watering, painting, planting of grass and flowers, pick-up of trash and debris, minor repair work, general light maintenance and landscaping tasks. The City's Park and Recreation Department continues responsibility for heavier park maintenance.

Community response to an intensive campaign to solicit funds from the private sector proved quite successful: a local sporting goods shop donated 28 baseball caps which have become the visual symbol of the Corps; an oil company donated 1,000 gallons of gasoline for the operation of maintenance equipment; and a local hardware store donated park maintenance supplies and equipment for the older workers. In addition, a local non-profit health care organization volunteered its services to monitor the physical condition of participants on a regular basis.

Members of the Senior Citizens Park Maintenance Corps are paid $6.00 per hour and work 20-25 hours per week for a period of up to 25 weeks. This schedule limits the worker to an earnings level not to exceed the maximum amount a retiree can earn without having his or her earnings affect Social Security benefits.

Due to the success of the program, the City is committed to continuing its operation after the federal matching funds are expended. A sense of pride is a major theme in the Corps—the pride instilled in the older citizens by doing useful work and doing it well, and the community pride in an enhanced park system.

In addition to actually hiring older workers, a number of cities have developed programs to promote and facilitate the re-employment of the elderly within the private sector. "Job Banks" have proven in recent years to be an effective means to this end. The Senior Job Bank in Ft. Meyers, Florida, for example, serves as an employment service for people over the age of 55, and boasts a 78 to 90 percent placement record. Working in cooperation with the City's Older Americans Act Title V program, the Job Bank provides employment counseling and help in preparing for job interviews. In addition to finding full- and part-time placement in private businesses, positions are also available on a short-term basis for such things as painting and house repair.

The City of Baltimore, Maryland has set up four training programs and a direct placement service, located in the Waxter Center for Senior Citizens. Included in the facilities are eight computer terminals used by older students to gain

[illegible] educational skills through a system of [illegible] computer based learning. A variety of [illegible] offered through the system, including basic math and reading, GED preparation, typing, and bank teller training. Funding for the project is provided by the National Council on the Aging (NCOA) through a demonstration grant from the Department of Labor.

Another method used to aid the elderly in their employment needs is the "job fair," which may be held by a city in conjunction with representatives from local business. This idea has been approached in two different ways, as exemplified by programs in Philadelphia and New York City.

Operation: Experience Plus — **Philadelphia 1980 population 1,688,210**

Philadelphia was one of the first cities to hold a job fair specifically targeted to workers 55 years and over. Recognizing that older workers represented a large, untapped resource within the community, the Mayor's Commission on Services to the Aging planned its first job fair in 1981. Philadelphia's Operation Experience Plus, is a good example of public-private partnership working to benefit the elderly.

The 1981 fair was attended by 350 applicants and approximately 70 local companies including banks, hotels, retail stores, insurance firms, utility companies and others. A local television station joined as a sponsor while a number of local businesses and foundations contributed either funds or services (such as the use of a photocopy machine). The total cost of the effort was $25,000.

Extensive planning and coordination went into the development of the fair. Staff interviews of participant companies were required to identify the types of jobs that were available and the kinds of skills that would be required to fill them. Applicants who signed up for the job fair (anyone over 55 years of age) were asked to fill out a form detailing his or her background and skills.

Representatives of participating businesses and industries were provided with printed booklets listing all of the applicants and their qualifications, and job seekers were oriented to the types of companies involved and the jobs they were seeking to fill.

Experience is a strong point in many, if not all, of the participants' backgrounds and is a major consideration for most companies in hiring older workers. Another consideration is the fact that companies who hire workers covered by Medicare save money by not being required to pay employee hospitalization benefits.

Experience Plus was a success. The Mayor's Commission on Services to the Aging staff continued to receive calls throughout the year from companies with jobs to fill from the City's Senior Job Bank, adding to the success of the job fair.

Ability is Ageless — **New York City 1980 population 7,071,030**

In New York City the Ability is Ageless fair took on a slightly different form than the one held in Philadelphia. Like the Philadelphia program, the fair was held in September of 1981 and was cosponsored by the City Department for the Aging, the local Chamber of Commerce and a local television station. The focus of the fair in New York, however, was to aid seniors in preparing for reentry into the work world, instead of actually placing them in a position, as in Philadelphia.

Tickets were available in advance at no cost and allowed participants entrance to more than 50 booths with representatives from private businesses, voluntary organizations, training agencies and employment services. Workshops were also held at the fair, covering topics such as "How to Find A Job," "How to Successfully Complete a Job Interview," "How to Write a Resume" and others. The Ability is Ageless fair served as a good method of allowing older job seekers to explore the possible options that can be made available to them in the private sector.

Older Consumers

An emerging aspect of the increase in the numbers of older people and their desire for economic security is the change within the marketplace responding to the demands of older consumers. Indications of this trend include the increasing number of new products being developed for and marketed to older people, including new foods, fashions, insurance policies, cosmetics and other consumer items.[21]

Americans aged 55 and over represent more than $400 billion in annual personal income—one quarter of all consumer expenditures, and nearly 80 percent of all money deposited in savings and loan institutions.[22] Clearly, the older population cannot easily be overlooked.

For cities, the elderly also represent a valuable resource. As urban dwellers, the elderly help define a city and its neighborhoods. They are the people who have built the city, who continue to live in it, own homes in it and support local enterprise by shopping in it.

Not all members of the elderly population are able to afford the consumer items they need for their health and well being, however, there are a number of programs being developed by cities to help them.

One such innovation is the provision of discounts in a number of areas to enable those living on a fixed income to stretch their monthly checks. Whether the discounts are city administered functions such as garbage collection, sewer or property tax relief, or in areas that require an active "brokering" role by the Mayor to secure a commitment from local businesses, these types of programs can prove especially valuable to seniors in times of high inflation.

In Boston, discounts up to 20 percent were arranged for older residents purchasing a wide variety of products available in over 400 participating retail stores. Because of the rapidly escalating cost of energy over the past years, many cities have made special arrangements with utility companies during the winter months to ensure that heat will not be disconnected due to an elderly consumer's inability to pay. In Detroit, Mayor Coleman Young persuaded the local gas company to contact the Mayor's Office prior to any shut-offs of heat to elderly customers. The City provided the company with a list of citizens aged 60 and over to ensure that these customers would not be affected. In Bloomington, Indiana pharmacists charge only "blue book" prices for prescription drugs dispensed to seniors. To help further, the City pays up to $15 of the monthly costs of medication for the low-income elderly.

Mayors can encourage businesses to participate in such programs in a number of ways. Several cities publicize the names of stores through a listing in directories distributed at senior centers; others, such as St. Louis, provide stores with an attractive sticker to display in their windows, announcing their participation in the program.

A 1978 survey by the U.S. Conference of Mayors revealed the following listing of discounts in cities across the nation:[21]

Special Discount Programs Available in Cities for Elderly

Program	All Cities Number	%	City Population Under 100,000	100,000 250,000	250,000 500,000	Over 500,000
			%	%	%	%
Commercial Discounts	73	56	55	60	54	57
Property Tax	69	53	50	55	58	52
Utilities	18	14	10	20	4	14
Drug Discounts	16	14	15	15	15	9
City Parks and Recreation	11	8	5	8	8	14
Education	6	5	10	5	0	5
Rent Rebate	4	3	0	3	4	5
Eye Glasses	2	1	0	2	0	5
Garbage and Sewer Charge	3	2	0	3	4	0

Note: Total number will add to more than total because some cities provide multiple discounts.

Governing Tools To Increase Economic Security of Elderly Residents*

Tool/ Option	Effects	Issues	Actors
Remove sales tax from food, pharmaceuticals	Cut out-of-pocket costs for low income elderly	Sales tax changes may cut tax revenues considerably	State legislature, county board (for county sales tax) city council (for city sales tax)
Remove regulatory laws to in-town farmers' market	Provide fresh produce to inner city residents at less cost by skipping middlemen	May encounter opposition in city with large inner city markets	City council, planning department, traffic control, other agencies
Elimination of mandatory retirement age for city employees	Prevent elderly from being forced out of jobs they can perform and want to perform	Pension complications reduced chance of advancement for younger workers	City council or voter initiative
Development of part-time jobs for elderly	Recognize that aged may prefer to work to supplement pensions rather than for full self-support	Part-time jobs have higher fixed costs to employer per hour worked	Civil service commission, county, city, state department heads

*Contained this volume are a number of charts on city governing tools which are taken from a working draft for a new volume, *City Governing Tools to Address the Needs of the Elderly*, being developed in conjunction with SRI and NACo.

Other methods which may be undertaken to supplement the income of those city residents over 65 years of age appear in all the following chapters of this volume.

Footnotes

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[6] U.S. Congress, House Select Committee on Aging, *Retirement: The Broken Promise*, December 1980, p. 14.

[7] *Ibid*, p. 15.

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[20] Travelers Insurance Company, op. cit.

[21] Allan, Carol B., "The Older Consumer, the Time is Now," *National Journal Issue Book*, November 24, 1979, p. 36.

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II. Crime and Public Safety

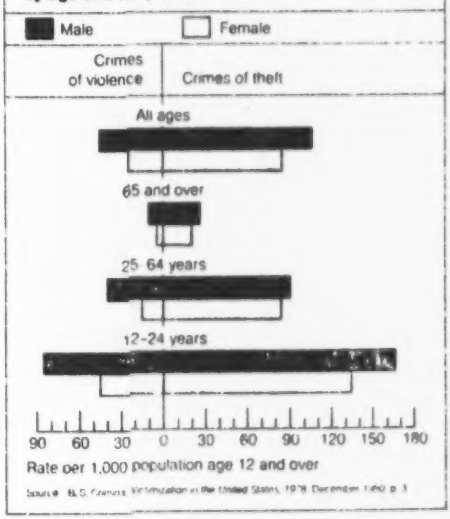
Frequently as a person ages, there is a greater recognition and awareness of physical vulnerability, in terms of both personal health and physical security. Crime, fire and other emergencies have a great impact on all segments of the population, but they can be particularly devastating to an older person. Whether the result is a physical injury due to assault, or material loss due to fire or other disaster, the effect on an older person can be overwhelming. Convalescence for physical injury may take a much longer period of time than for a younger person, and personal possessions accumulated over a lifetime are generally irreplaceable. The fear of catastrophe, too, can often produce stress disproportionate to the possibility of such an occurrence. Most programs designed to assist the elderly in the areas of crime and public safety are sensitive to these fears, and work not only to prevent the tragedy itself but also to assuage emotional concerns about what might happen.

Fear of Crime

The fear of crime, either that of suffering material loss or bodily injury, has kept many older Americans virtual "prisoners" in their own homes. Surveys by the Louis Harris organization for the National Council on the Aging in 1975 and 1981 showed that those over the age of 65 ranked fear of crime as one of their most serious problems. In 1975, fear of crime was ranked above health and economic security in its severity.[1]

Yet despite this fear of victimization, statistics show that older Americans are no more likely to be victims of a

Victimization rates: Personal crimes of violence and theft, by age and sex, 1978



Source: U.S. Census, Victimization in the United States, 1978, December 1980, p. 3

crime than any other age group. A 1980 study by the Bureau of Justice Statistics reports the preceeding rates of crime for each age category.[4]

A 1981 survey of 26 cities, however, noted that for special types of crime (i.e., personal larceny with contact, purse snatching and pocket picking), the elderly do have the highest victimization rate of any group.[5]

While the fear of crime may seem out of proportion to the incidence of crime, the living environment of many older Americans may provide some justification for such fear. Many elderly live in deteriorating neighborhoods with high crime rates, are physically less able to resist assault, and can be devastated by the material loss.

Neighborhoods

The increasing tendency of the elderly to live apart from younger family members is leading to concentrations of elderly, or "grey ghettos," in the central cities,[6] where crime rates are significantly higher than the suburbs. Federal Bureau of Investigation (FBI) figures for 1979 show that robberies in cities of over 100,000 population occur at twice the rate of those in Standard Metropolitan Statistical Areas, and over 25 times the rate of robberies in rural areas. In fact, seven out of ten robberies take place in cities over 100,000.[7] Living in these high crime areas, the urban elderly can become prime targets.

Studies have shown that central city residents have a significantly greater fear of crime in their immediate neighborhoods than do residents of urban middle-class neighborhoods or suburban retirement communities. Residency in inner-city settings has been shown to be one characteristic of older people that may make them more likely to be targets of criminals. The elderly city resident, cognizant of his or her heightened vulnerability, responds by withdrawing from the fearful environment and remaining behind locked doors, with an obvious reduction in victimization but with diminution in the quality of life as well.[8] This reaction to fear of crime is widely shared, according to a 1981 study which found that three out of four people deliberately divert their activities because of fear of crime.[7]

Further, a significant number of the elderly are concentrated in public housing developments (44 percent of public housing units have elderly residents). According to research conducted by the U.S. Department of Housing and Urban Development on urban elderly public housing residents, the fear factor is even higher than the actual crime rate which is, in fact, high. For example, a recent survey of four public housing projects in Boston showed that the residents experienced a robbery rate of 5.6 per 100 tenants annually. Yet, when asked what they thought their chances of being robbed were, more than 80 percent of the respondents believed the likelihood was 50 percent or greater. The response pattern was similar when other crimes, such as rape, were mentioned.[8]

Yet despite their exaggerated fear of crime compared to the actual crime rate, for many elderly depending on their housing location, this fear may be justified. Statistics show that it is most frequently someone who lives near by that commits a crime against an older person.

Profile of Reported Street Crimes in Wilmington, Delaware

Victim	Aged 60 to 77 in 86.7% of the 128 examples.
Race/Sex	White females in 72.6% of the 128 examples.
Perpetrator's Race & Sex	Black males in 92% of the 203 perpetrator descriptive samples. In addition, the perpetrator's residence in proximity to the victim's was within 10 blocks in 38.7% of the 49 samples.
Time	The majority of offenses— 54.7% of the 128 samples—took place in the 6-hour span between the hours of 10:00 a.m. and 4:00 p.m.
Location	The crime usually occurred within four blocks of the victim's residence in 67.2% of the 128 samples.
Loss	The victims incurred a loss of valuables in 95.3% of the 128 samples. A loss of less than $100 total was reported in each of 77.3% of the samples.
Violence	Victims received injuries in 41.4% of the 128 samples, while weapons were used in only 11.7% of the 128 samples.

Source: U.S. Congress, House, *Elderly Crime Victimization (Wilmington, Delaware, Crime Resistance Task Force)*, 94th Cong., 2nd sess., Mar. 6, 1976, p. 9.

Frailty

As people age their bodies tend to become more fragile and they are less able to either flee or fend off assailants. Reports from the Bureau of Justice Statistics show that those aged 65 and over were the least likely of any age group to offer a defense against an assailant.[9] Further, as bodies become more physically frail, bones are more easily broken and more time is required for recovery. The consequences of being shoved to the pavement during a purse-snatching or mugging are much more dangerous to the elderly than they are to younger age groups. Forty percent of robbery victims aged 65 and over were injured during the course of the crime, higher than any other age group.[10] And in a few of these incidences, the consequences of a struggle to hold on to a purse or other possessions have been death.

Material Loss

The sole source of income for over a quarter of recent retirees is Social Security. Aggregate comparison of those over 65 years of age with those under 65 shows the former group's average income to be only 58 percent of the latter.

A common belief is that economic loss can be recovered through insurance; yet, the irony for many older persons is that because of their low economic status, they are among those least likely to have coverage.

Too often the activities or behavior of older people become routine. The pattern of regular trips to the grocery store, senior center or the bank are easily observable and the days that Social Security or pension checks arrive in the mail are common knowledge. Although the urban elderly go to fewer places than their suburban counterparts, they actually spend more time out of their homes either walking or taking public transportation than suburbanites who are more likely to drive.[1] These circumstances tend to make city dwellers particularly vulnerable. A recent study of crime against the elderly in Kansas City showed over 80 percent of all crimes committed against the elderly took place either in or within a few blocks of the home.[2]

Most typically, the purse-snatching, pickpocketing, muggings and other personal larceny and street crime committed against the elderly are perpetrated by juveniles.[3] Oftentimes, these offenders go unpunished because the elderly are less likely to report crime than other groups, frequently, due to fear of reprisal. Also, older people may feel empathy for the juvenile offender if they know him or his parents. Finally, many elderly do not report crime because they feel that their victimization is of no importance and is unworthy of police attention.

Even when crimes are reported, the incidences of repeat offenders are high because of current juvenile confinement practices. In extreme cases, youths have committed crimes against the elderly as many as 53 times, yet have never been incarcerated because of their juvenile status.[4]

Many older people are also susceptible to fraud and bunco schemes. While violent crime is the greater cause of fear and concern among the elderly, they are often the special target of so-called "confidence schemes," often carried out at the victim's residence. The San Francisco and Los Angeles police departments report that more than 80 percent of victims of confidence schemes are over the age of 65.[5] Contained in this broad category are many types of consumer fraud, including insurance, land sales, phony investment plans and "home repairs" where residents can pay excessively for unnecessary or undelivered services. Entire life savings can be lost to a "bank examiner operation." In this bunco scheme, the con artist takes advantage of an elderly person's public spiritedness in a bogus effort to "trap" a bank teller, with a resulting loss to the elderly person of his or her savings. Likewise, many infirm elderly are robbed through the promise of some miracle treatment or cure.

Another type of crime against older people about which new knowledge is emerging is that of elderly abuse by family members. While there are limited statistics to document the scope of parental abuse by adult children, findings of a 1979 report conducted by the University of Maryland tend to suggest that elderly abuse occurs about as frequently as child abuse, averaging 600,000 cases annually. Typically, the abused elderly person is an over 75 years of age, middle-class, severely disabled woman who is psychologically abused by her own relatives.[6]

Role of Local Governments

While the 1981 White House Conference on Aging reaffirmed the need for national policies and resources to combat crime against the elderly, and while some steps are being taken at the state level to deter such crime (such as a new law in Colorado which stiffens penalties for select crimes against the elderly), ultimately crime is the responsibility of local government.

Cities have used various approaches in addressing this need. Local communities are developing techniques and programs to inform the general public in how to be less vulnerable to crime, how to make their homes burglarproof, how to develop closer relationships with the police department, and how to work with community agencies and the private sector to promote volunteer and self-help programs. Techniques include:

- **Crime prevention training.** Through workshops and conferences held at senior centers, senior housing and other public meetings, police officials meet with the elderly to exchange information on crime prevention methods. This approach enables police officers or other city officials to gain insight into problems unique to the elderly and their neighborhoods. In addition to training the elderly to be less vulnerable, the police may make adjustments to regular protection programs to accommodate the special needs of the urban elderly. In many cities, such as Los Angeles, the

The American Association of Retired Persons/National Retired Teachers Association (AARP/NRTA) has recently published a three-part guide for use by citizens and law enforcement agencies. The three volumes of the guide are:

- *Older Persons in Crime Analysis: A Program Implementation Guide,*
- *Simplified Crime Analysis Techniques,* and
- *The Criminal Justice System: A Guide for Citizens.*

These guides are intended to meet the growing need for more efficient law enforcement and to demonstrate the cost-effective utilization of community resources in the time-consuming support tasks.

police departments have found that providing whistles to the elderly is helpful not only in thwarting an offender but in sensitizing the elderly into taking precautions.

- **Security inspections.** Several cities have programs to inspect houses upon request and recommend needed security measures, such as bolt locks, peepholes in doors, lights over the doors and burglar alarms. In St. Louis, Missouri, 84 police-trained senior citizen volunteers perform 140 home security inspections a month and help other elderly make the specific changes needed for a more secure home.
- **Neighborhood watch programs.** This self-help approach encourages neighbors to monitor each other voluntarily, and to observe and report any unusual or threatening situations. Some cities encourage the use of block watch program signs in windows of participants. These programs can be particularly beneficial to the elderly who live alone by ensuring that neighbors are aware of their well being. At the same time, since many elderly are at home during the day, they are in a good position to keep an eye out on neighbors' homes. To encourage citizens involvement, the police in Mansfield, Ohio (1980 population 53,927) issue senior confidential identifying numbers so that they can report crime and suspicious activity without fear of reprisal.
- **Sensitizing young people.** Many young people grow up without knowing grandparents and without spending time with older people. Older people in the neighborhood can become the target of pranks and crimes by juveniles simply because they are different and because they are vulnerable. With a high number of crimes against the elderly committed by juveniles, a program by the schools, judicial system and community agencies, designed to sensitize these young people to the specific needs of the elderly as well as their contributions to a neighborhood, may prove of some benefit.
- **Victim assistance.** Many elderly victims require immediate attention and support to overcome the trauma of crime. Some cities have established programs to provide assistance at the police station as well as to provide guidance through the judicial process. In Pasadena, California (1980 population 119,374) older crime victims receive assistance from a corps of trained senior volunteers who work on a 24-hour police call for emergency cases. The corps assists approximately 85 older victims each month.

Court Watch — **Milwaukee**
1980 population 636,212

In response to a need for greater involvement by elderly victims of crime, the City of Milwaukee participates with the county and the Area Agency on Aging, in an elderly Court Watch program. This program offers a special service to its elderly citizens organizing volunteers aged 55 and over to monitor felony court cases involving elderly people. Prior to the court date, the volunteers contact the elderly victims or witnesses and inform them of court procedures and give other relevant information and support. On the day of the case, Court Watch volunteers are available, if desired, to give directions, escort within the courthouse complex and stay with the person in court and during waiting periods. If necessary, the volunteers will arrange for transportation to and from the client's home. The volunteers are easily identifiable by the special badges they wear, which the court provides.

In addition to these duties, the volunteer is also responsible for recording his or her observations of each case's proceedings on a special Court Watch reporting form in an effort to determine if older people are being treated fairly and considerately during the judicial process. The Court Watch forms are compiled and the results dispersed to the County Executive, the Office of Aging and various judicial law enforcement and governmental organizations.

Court Watch was originally funded by a grant from the Law Enforcement Assistance Administration (LEAA). When this program was phased out, funds were secured from Title III of the Older Americans Act, channeled through the local AAA, with the City of Milwaukee providing the local match.

- **Older volunteers.** More and more, local agencies are beginning to recognize the role senior volunteers can play in crime prevention. The elderly are effective volunteers for a variety of reasons; they are the age group most supportive of police activity, they have more time available for volunteerism than other groups, many already possess skills and experience which can be related to volunteer duties, and they have a personal stake in the

effectiveness of the program. The elderly also have most often lived in the neighborhood a longer period of time and know it and its residents well. With the exception of certain limitations caused by transportation needs and physical difficulties, the roles the elderly can take on are limited only by imagination. Volunteers have proven themselves effective not only in such areas as administrative and clerical work, but also in radio communication, fingerprint examination and investigative activities.

Local programs are fashioned in a variety of ways throughout the country based on specific city needs. Cooperation and coordination among the police department, the Office of Aging and other city agencies as well as community groups can go a long way in operating a successful program.

Senior Victim Assistance Team — **Colorado Springs 1980 population 215,150**

As more and more officers began asking the police volunteer coordinator in Colorado Springs, Colorado to provide follow up activities for elderly victims of crime, the Department saw the need for a mechanism to accomplish this task routinely. The Senior Victim Assistance Team (SVAT) was established in January 1980 to help minimize the material and emotional disruption experienced by elderly victims.

The Colorado Springs Police Department has a tradition of utilizing the capabilities of the city's older citizens, who serve in such volunteer capacities as hit and-run investigators and crime analysts. The SVAT team, too, uses elderly volunteers including several former victims. The 17 member team, ages 23–80, must complete a minimum of 25 hours of training before active involvement with the program. Working an average of 20 hours a week, the members perform outreach through daily scrutiny of the city's police crime reports for the previous 24 hours. Since the ages of the victims are recorded by the Colorado Springs Police Department on their initial reports (a practice not followed in many other cities), identification of elderly victims and immediate follow-up can be provided. In addition to their more routine work, volunteers are also required to be available for 24-hour on-call "immediate crisis intervention" at the request of law enforcement officers at the scene of a crime.

The Senior Victim Assistance Team handles some 125 cases per month, providing such one-on-one services to elderly victims as emotional support and reassurance, referral to obtain transportation, assistance in the replacement of stolen identification cards or papers, assistance in filling out assorted forms for the police and other agencies, helping to obtain emergency food and shelter when necessary, referrals to appropriate agencies for further assistance, and crime prevention information.

Since SVAT's inception, the reporting of crimes has increased. There is less fear and greater trust of the law enforcement system, the sense of personal security among the elderly has increased; and, significantly, police officers have been freed to answer other calls for service.

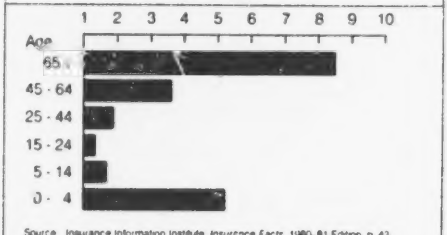
"There is a direct benefit to volunteerism—it creates a feeling of belonging, especially among the elderly," says Mayor Robert M. Isaac. Colorado Springs' use of elderly volunteers in the SVAT program could easily be replicated by other cities wishing to help older citizens overcome the trauma of victimization.

Fire

The density of population and housing have made fire a particularly serious threat within cities. Each year fire claims approximately 8,000 lives in the United States, the highest per capita rate of all industrialized nations.[18]

Of all age groups, the elderly are most adversely affected by fire. The elderly death rate due to fire is more than twice that of any other adult age group,[19] a statistic attributable to a great extent to limited mobility. Longer convalescence periods are required to overcome any physical injuries, and the emotional impact of losing a home or possessions can be devastating. With the accumulation of a lifetime destroyed, fire can make an older person feel as though his or her entire life has been erased.

Death by Fire—mean of ten one-year averages, 1970–1979 deaths per 100,000



Source: Insurance Information Institute, *Insurance Facts*, 1980–81 Edition, p. 43.

Many elderly are unable to meet the costs of insuring their homes, thus experiencing even greater difficulty in recovering financially after a fire. Though some objects are irreplaceable because of their sentimental value, the cost of replacing such necessary items as furniture can be especially burdensome as well. This financial hardship can be compounded by the high cost of hospital care or health related expenses, rendering the consequences of a fire more than a fixed income can bear.

Residential fires account for 78 percent of the deaths and over 65 percent of the injuries caused by fire.[20] While

each type of residence has its own set of special problems, there are a number of specific concerns for the elderly. Because the urban elderly tend to be concentrated in older and often deteriorating neighborhoods, arson can be a major concern. And while only a small percentage of elderly live in nursing homes, the danger from fire in such homes is disproportionally high. Lenient nursing home regulations and lax inspections can often result in overcrowding and less than adequate fire safety precautions. Coupled with these problems, the mobility difficulties of residents have resulted in a number of elderly deaths in recent years.

Typically, city fire departments concentrate on responding to an outbreak of fire rather than the prevention of fire. In the average city, 95 percent of a fire department budget is allocated to fire suppression with only five percent dedicated to fire protection.[1] Often, other city agencies work with the elderly and community groups on fire prevention techniques, such as emergency escapes, elimination of hazardous materials and other safeguards.

Fire prevention methods may cost the city little but result in greater security for city residents. One such method is strengthening the local code requirements for automatic sprinkler and early warning systems. Fresno, California, for example, successfully shifted the burden of public fire protection to the private sector by modifying its building code to require that buildings in the central business district with more than 5,000 square feet of floor area be protected with automatic sprinklers. This resulted in such a decline in the number of fires in the central business district that several downtown fire stations were moved to residential areas.

For the home itself, public education and the installation of smoke detectors are especially important. A three-year pilot program on fire safety education, administered in southeast Missouri, was designed to saturate the area with fire messages. In addition to fire departments, civic groups, local officials and the media participated in the program which saw a 43 percent decline in the fire death rate over the three-year period. For every dollar invested, it was estimated that $20 were saved in medical expenses, property and earning losses. After the program ended, the death rate continued to fall at a rate five times faster than that experienced by the remainder of the State.

Although a smoke detector is a proven effective early warning device, 50 percent of all homes do not have one installed,[2] and the elderly are significantly less likely to buy one due to cost. Though many cities now require detectors in newly constructed homes and apartments, few have passed regulations to include older existing structures where the elderly are more likely to reside. Many city fire departments emphasize the use of smoke detectors, sprinkler systems and familiarity with emergency exit routes as part of fire prevention programs. Some cities provide cash or installation assistance to low-income elderly who may be unable to purchase or place smoke detectors in their homes.

In addition to fire fighting duties, most fire departments are now equipped with paramedics who are well equipped to handle health emergencies.

Emergency Preparedness

While it is not often addressed, there is always the possibility in any city of an emergency of a magnitude requiring evacuation or provision of temporary housing, food and medical supplies to a large number of residents. Disasters such as earthquakes, chemical spills, floods, severe weather, brush fires, electrical blackouts, or nuclear power plant malfunctions may occur totally without warning.

When such a state of emergency does strike, the Mayor becomes the focal point for the myriad of immediate decisions and responses necessary to cope with a wide range of problems. A response plan cannot be developed *ad hoc* or on the heat of the moment. Lines of communication among participants and the duties of each must be prepared well in advance of any emergency to prove effective. Many cities, such as Washington, DC, have established a Mayor's Command Post with a central office to coordinate various activities to cope with the specific emergency.

In emergency preparedness planning, the special needs of the elderly tend to be overlooked by many cities. Because the elderly often live alone, isolated within their homes, or have physical impairments with hearing or seeing, they are particularly difficult to inform should they be required to take action of some kind. The use of local senior centers or clubs as initial contact points is one method of reaching those who might otherwise be missed. Special lines of communication can be designed, if needed, using telephones or door-to-door canvassing of pre-identified elderly. Senior centers can also develop a "buddy system" to ensure that those elderly who may not participate in center activities may be alerted.

Though informing the elderly of what actions should be taken in an emergency is important, it is only the first step. Once informed, the elderly may be unable to take the necessary precautions or be unable to move themselves in the case of an ordered evacuation. Plans should be drawn up in advance of any emergency to provide the necessary manpower to aid the elderly in moving, or if necessary convince them that such a move is required since many may be reluctant to leave their homes and possessions behind.

Providing temporary housing for those who have been forced to leave their homes is a major logistical problem, especially in times of a major emergency when so many decisions need to be made immediately. Often, displaced persons must locate motel rooms and eat in restaurants until their homes are rehabilitated or rebuilt. Recently, both the federal government and the State of California disaster and emergency agencies have shown interest in developing a temporary moveable housing program for victims of natural disasters.

Emergencies may continue to affect the elderly long after conditions have returned to some form of normalcy for the general population. Following a heavy snowfall, for example, an elderly person may remain "shut in" long after younger people are able to leave

their homes, due to an inability to shovel their sidewalks. In such cases, some form of transportation assistance is needed—either to allow people to get out of their homes (such as volunteers to shovel sidewalks), to provide for food services to be delivered to them, or to make certain some form of transportation is available to them.

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III. Health

Health is the ability to live and function in society and exercise maximum self-reliance and autonomy. It is not necessarily freedom from disease.

Report of the Committee on Health Maintenance and Health Promotion 1981 White House Conference on Aging

Maintaining good health with access to adequate and affordable health care is a desire of nearly all Americans, but it can be a particularly critical concern for the elderly. As a person ages and becomes more frail, the ability to obtain essential and timely health care can mean the difference between independent living and becoming institutionalized. Health care for the elderly means more than simple hospitalization for acute care. To live full and productive lives, the elderly must have within their reach essential support services to minimize disabilities due to physical, mental or social disorders. The availability and affordability of support systems, ranging from nutrition, health screening and chore services to counseling and transportation, is essential to allow many frail and/or vulnerable older persons the opportunity to remain independent, contributing members of the community.

Health care needs of the elderly differ from those of other age groups, not only in the frequency of need, but also in the type of care required. Illnesses striking the elderly generally tend to be more chronic in nature, requiring long term and potentially expensive care.[1]

Health care providers need to recognize that older persons are not a monolithic group, but in fact represent a progression of health problems. The "young old" (65–75) have different needs than the "old-old" (85 +). As an individual ages, health care needs may progress from minor support services to acute and/or long term care. Estimates are that one out of every two individuals age 85 and older (the "old-old" or frail) may need long term care.[2]

> Approximately 4–5 million older persons have a functional disability requiring some form of long term care, and this number is increased each year by 100,000.

It is important that health care systems be able to adapt to meet this continuum of care need of the elderly to provide essential support services (social-economic-medical) to the degree necessary, and increase through various levels of needs to intermediate to chronic institutional care. Overall, the goal should be to give the older person the level of care required for remaining in the community for the longest possible time.

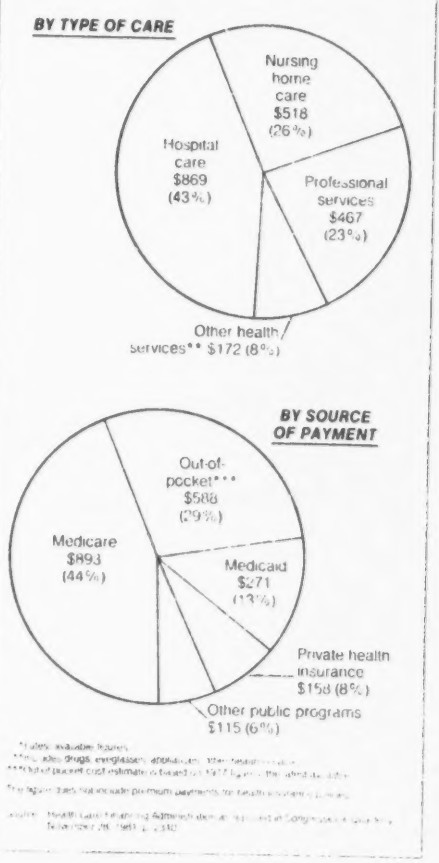
In addition to medical emergencies and physical ailments, other related problems can have significant impact on an older person's physical well being, including mental health, alcohol and drug abuse, nutrition and isolation. For instance, only in recent years has recognition been given to the unmet mental health needs of older Americans. Senate hearings in 1980 summed up the magnitude of the problem:

- Twenty-five percent of all reported suicides are committed by individuals age 60 and older, with the highest suicide rates being among men over 85.
- The incidence of depression, which is the most common mental illness for all ages, rises sharply for the over-65 population.
- Psychosis, the most severe form of mental disorder, is twice as prevalent in the over-75 group as among persons age 25–34.

Nationwide, only about four percent of the clients being served by community mental health centers are 65 and older, with approximately half that number receiving ongoing treatment or counseling.[3] Many cities have initiated programs targeted to address these specific concerns, and undertaken extensive efforts to reach out into the community to serve many of the frail and vulnerable elderly whose very isolation may have contributed to the problem but prevented the awareness of available services. These include:

- **Alcohol and Drug Abuse.** A study by the Housing Authority of New Haven revealed that problem drinking was the number three problem (after loneliness and depression) of the City's elderly and was directly linked to type of housing facility. Based on the experience of elderly in inappropriately designed high-rise public housing, the City believes the alcohol problem of the elderly can be reduced by planning low rise buildings integrated into neighborhood settings and providing more health education, nutrition and social problems.[4]
- **Day Care.** A number of cities have established day long programs of nursing, social work, nutrition, exercise and recreational activities for frail elderly who might otherwise be placed in institutional settings. Like child day care, this program also benefits the family members. Some cities, such as Virginia Beach and Garden Grove, California, operate the program with a mix of client donation, Older Americans Act and city funds, while in others private agencies administer the program, often as a component of a community-based health system. In San Diego, a single non-profit agency operates a network of 4–5 small centers which each serve approximately 20 persons daily using Medicaid, sliding fees, and local Revenue Sharing funds.
- **Dental.** The City of Decatur, Illinois, participates in a statewide Senior Dental Program which provides dental referral services, as well as a reduced rate program for dental and denture services for low income elderly (annual income of $7,000 or less, $10,000 per couple). Private dentists who participate in the program provide a 20% reduction from customary fees.
- **Hypothermia.** The City of Greensboro, North Carolina is one of a growing number of cities which have initiated programs to promote awareness and treatment for hypothermia, a condition marked by abnormally low body temperature. For many elderly, accidental hypothermia may result from excess exposure to cold particularly indoors during winter months when thermostats are often reduced to save heating costs.

Health Care for the Elderly
($2,026 Per Capita Expenditures, 1978*)


BY TYPE OF CARE
Nursing home care $518 (26%)
Hospital care $869 (43%)
Professional services $467 (23%)
Other health services** $172 (8%)
BY SOURCE OF PAYMENT
Out-of-pocket*** $588 (29%)
Medicare $893 (44%)
Medicaid $271 (13%)
Private health insurance $158 (8%)
Other public programs $115 (6%)

- **Isolation and Loneliness.** The City of Cleveland initiated in 1979 a program, Golden Age Outreach for Health (Project Goh), to identify and assist the more isolated and frail elderly. Through volunteer efforts,

the well elderly within a neighborhood identify, monitor, provide assistance and referral services to the more frail older people. One goal of the program is to promote "friendship and moral support for every elderly resident."

- **Nutrition.** Adequate nutrition is a key factor in the well being of an older person and has become the centerpiece of programs authorized by the Older Americans Act. In 1980 nearly three million elderly participated in the nutrition program in nearly 12,500 nutrition sites nationwide. Many cities have contracted with their local Area Agency on Aging to fund local aging nutrition programs, often in a senior or community center.[5] In addition, many cities, such as Albuquerque and Fargo, North Dakota finance their elderly nutrition programs with city and private funds.

While the present health system in the United States is perhaps one of the finest in the world in treating those hospitalized and chronically ill, recognition of the need for preventive health is not as advanced. There is a pressing need for health programs which focus on early detection and for comprehensive community-based systems that respond to social and economic as well as medical needs to avoid or delay institutional care.

Paying the Bills: The Public Share

There is an increased concern over the skyrocketing cost of hospital health care, currently rising at a rate of 17% annually, (faster than the rate of inflation). In 1981, Americans spent $255.8 billion for health care, 9.49 percent of the Gross National Product (GNP). Older Americans accounted for nearly 30 percent of that total while representing only 11 percent of the population. An average of $2,259 per person was spent on elderly health care, nearly three times that spent by those under 65.[6] While federal, state and local governments pay for better than one-half of these medical costs, this does not begin to meet the total need of older Americans.

Medicare:
Selected Costs Not Covered

Doctor costs
- routine physicals
- eye or hearing examinations to prescribe eyeglasses or hearing aids.

Hospital Inpatient Care
- private room
- private nurses

Home Health Care
- meals
- drugs
- full-time nurse

Nursing Home
- private room
- private nurses

Institutional care is by far the major health expenditure for the elderly. Hospital care accounts for approximately 43 percent of the total, with an additional 26 percent expended for nursing home care.[7] In recent years, the federal government has assumed a greater responsibility for meeting the health care costs of the elderly and poor, primarily through Medicare and Medicaid. Sixty-three percent of the total payments for health care for the elderly came from public programs; 91 percent of that came from Medicare and Medicaid.[8]

Medicare pays approximately 44 percent of the health care bills of the elderly. In fiscal year 1980, this amounted to $35 billion, and is projected to have risen to $42.5 billion in 1981, and to reach $103 billion by 1990.[9] However, Medicare expenditures tend to be skewed heavily toward acute care and hospitalization, with only minor provisions for home health care services, usually

Controlling Cost

Much of the current debate over the dramatic increases in health care costs centers on their adverse impact on the future security of the Medicare system. The 1980 report of the Hospital Insurance (HI) fund trustees for Medicare projected that even with scheduled increases in the Social Security payroll tax which finances the fund, the HI trust fund could go broke shortly after 1990.[11] This has prompted a number of recommendations for ways of reducing the overall costs of Medicare. The Budget Reconciliation Act of 1981 provides for a cut in Medicare funding of between $1.3 and $1.6 billion for each of the next three years. Other recommendations have called for a two percent across-the-board reduction in federal reimbursements for hospitals and additional charges for patients including a ten percent a day fee for the second to sixtieth days of hospital stays and reduced reimbursements for laboratory fees.

possible only if it can be proven that home health care is medically necessary after a hospital stay. While there is an increasing emphasis on home care, in 1979 home health care and community based services made up only 1.2 percent of total Medicare expenditures.[11]

In addition to Medicare expenditures, $8.8 billion was spent in 1979 by Medicaid to provide health care for the low income elderly. This state administered program (available in all states except Arizona) is used by eligible elderly primarily for long-term nursing home care not covered by Medicare. In part because nursing home costs are not covered by Medicare, nursing homes have become the haven of the rich who can afford the average monthly rate of $689 (1977 estimate)[12] and the poor who are covered by Medicaid. Unfortunately, for those elderly who do not qualify for Medicaid and who need long term care, the logical conclusion of this policy is that they are forced to spend their entire savings ("to spend down") on nursing home care until their personal resources are exhausted and they then become eligible for Medicaid.

While Medicare and Medicaid are by far the largest federal programs for health care, there are a number of other smaller federal programs such as the Older Americans Act, Social Services Block Grant and Mental Health Systems Act, which finance programs providing health and related support services to the elderly. In an effort to reduce federal expenditures, a number of these federal programs were consolidated in 1981 into block grants administered by states.

State and local governments also fund health services for the elderly. Much of the state funding is targetted to providing the match for federal programs such as Medicaid, yet states have initiated and funded their own health programs. For instance, the City of Oakland is one of eight sites in California's statewide Multipurpose Senior Service Project (MSSP) for a coordinated health and social service program for the elderly. The other sites include two county governments (San Diego and Santa Cruz) and non-profit agencies in Los Angeles, Long Beach and San Francisco. This program, established in 1979, stresses case management techniques and pooled funding from various sources. State general funds represents 59 percent (over $25 million over the three-year project period) as well as Medicaid (called Medical in California), Older Americans Act and Social Services Block Grant (Title XX).[13]

Out-of-Pocket Expenses: Private Share

As the cost of health care continues to escalate, so too, does the share of costs paid by the elderly. Estimates are that older Americans pay anywhere from 29 to 47 percent of health costs as out-of-pocket expenses.[14] Medicaid paid only 31 percent of physicians' fees and did not provide any reimbursement for such expenses as self-administered medication, dental work or eyeglasses. Of the 369,000 nursing home residents who did not receive Medicaid support, 75 percent were paying more than 90 percent of the nursing home bill out of their own resources.

Medicare Premiums

By law, the premiums paid for Medicare Part A (hospital insurances) and Part B (supplemental health insurance) increase each year at the same rate as Social Security benefits. In January 1982 the amount of the initial deductible for hospitalization increased to $260, a 27.5 percent increase over the 1981 rate of $204. On July 1, 1981 the basic monthly premium paid for Part B (supplemental health services: outpatient fees, and select home health) increased from $9.60 to $11.00, a 14 percent increase. Also, the beneficiary must pay a $60.00 deductible each year, and a co-insurance charge of 20 percent of the allowed charge for all covered services. In 1979, the average hospital cost was $275.75.[15]

Out-of-pocket expenses include the difference between the fees charged by a physician and the amount reimbursed to the beneficiary by Medicare as well as such other medical needs as eyeglasses, hearing and foot care not covered by Medicare, and services beyond the benefit period. For those living on a fixed income, this increase in cost combined with fear of a prolonged illness can be devastating. Many older Americans try to offset this expense by purchasing supplemental, or "Medigap," insurance policies designed to pay expenses not covered by either Medicare or Medicaid. An average of $200 a year is spent by the elderly in premiums for these policies which often have overlapping and unnecessary coverage.[16]

Need for Change

The existing health care system may actually encourage spiralling costs by emphasizing acute and long-term care over preventive or in-home care. Because many illnesses of older persons are chronic in nature and functionally disabling, many elderly tend to be in greater need of support services over an extended period of time. A report by the Undersecretary of the Department of Health Services Task Force on Long Term Care identified approximately six million individuals as requiring extended or long term care, including 3.9 million living in

Long term care refers to a range of health, social, and support services required by an individual on a continuing basis to compensate for functional limitations that result from chronic health conditions or the deterioration that often accompanies old age. Long term care services include traditional medical care, social services such as homemaker, chore, home-delivered meals, personal care services; alternative living arrangements, and lastly, nursing home care.

Source: U.S. Department of Health and Human Services Press Release, January 30, 1981.

the community with need of personal care, 1.8 million in institutions, and 600,000 disabled and living in board and care homes. This group is projected to increase 25 to 50 percent by 1990, or between 7.5 to 9 million persons, with 2.5 to 3 million additional persons institutionalized."

In the past, the usual response to this need for long-term care of eligible patients was generally institutionalization, i.e., nursing home. Health cost reimbursement through Medicaid was so structured as to make nursing home care the basic treatment even though greater care is often provided than actually warranted by the disability. It is estimated that for every one person in an institution with a functional disability, as many as three persons with similar disabilities are functioning in the community through assistance provided by family, friends and neighbors. Evidence of the increasing and changing demand by consumers for in-home assistance is reflected in the issuance in early 1982 of a special catalogue on home health care products by a leading national catalogue store.

With adequate assistance, those elderly requiring basic living and personal care services may be able to remain in the community. Increased attention is being given to home health care, preventive health and "community-based" systems, an umbrella term for the support services that complement the informal support systems of family, friends and neighbors and enable a person to remain at home.

- **Basic living services.** Those services associated with the maintenance of a household and participation in community life. They include home maintenance, meals, chore, transportation, legal counseling, etc.
- **Personal care services.** Those services which assist functionally limited individuals with or directly provide for them care of the person including functions of bathing, eating, dressing, toiletry, or "activities of daily living."
- **Illness/disability services.** The full range of diagnostic and therapeutic services directed at objectives related to the management of chronic illness. They are services needed to identify the etiology and pathology of the illness, to stabilize and manage the condition, to decrease its rate of progression, to prevent acute flare-up and complications, and to maximize functional capacity.[18]

While the various components of a community-based system have been available, they have been highly fragmented. Included among the barriers preventing more effective use have been the number of various public and private agencies controlling specific programs; different eligibility and program requirements for participation in the program; lack of community visibility; and lack of effective coordination of the various component parts of the system.

The array of services often identified as community based systems include:

- **services delivered** to the home, ranging from homemaker and chore services, home delivered meals to home health services.
- **adult day care,** providing supervision during the day for disabled persons.
- **respite care** to provide relief for families. This relatively new service (patterned after a European approach) provides short term service for severely disabled people.
- **housing arrangements,** including personal care homes, sheltered and congregate housing.
- **multiservice senior centers,** a community focal point for a wide range of support including socialization, physical fitness, hot meals, counseling and some preventive health care.[19]

A number of different approaches to comprehensive community-based systems are evolving in many communities throughout the country, through initiatives by federal, state and local governments as well as the private sector—such as the Robert Wood Johnson Foundation Long-Term Care program currently being developed in Lincoln and other cities. Building upon earlier experiences with community-based systems,* a number of new approaches, techniques and coordinating systems are being developed throughout the country. Some of these are state programs, such as the New York State long-term health care program established by the state legislature in 1978 which enabled state waivers for Medicaid to provide an alternative to institutionalized care for low-income patients. This program, also known as "nursing home without walls," seeks to reduce fragmentation and provision of home health care through use of single entry to coordinate and provide services in nine sites throughout the state.[20] Other state examples include the California Multipurpose Senior Service Project (MSSP).

Hospital Based Community Health System — **San Francisco 1980 Population 678,974**

The Mount Zion Hospital and Medical Center, a major private, non-profit hospital complex in San Francisco, is one of a number of community hospitals developing models of community-based health care systems. Like a number of

* See U.S. Conference of Mayors publications *Serving the Urban Elderly: Strategies for Mayors* for brief discussion of Minneapolis Age and Opportunity Center and Holyoke Geriatric Authority, as well as *Administering Aging Programs: A City Perspective* for discussion of SCAN program in Long Beach.

urban community hospitals, it has experienced an increase in its number of older patients and is adapting services to be more responsive to their needs. In San Francisco the elderly number nearly 141,000, representing 21.6 percent of the population, almost twice the national average.

Key concerns in meeting the needs of the elderly include the ability to develop a mechanism to coordinate the fragmentation of services now available in the community for the elderly, developing a mechanism for joining multiple public and private funding sources, and providing suitable support services enabling the elderly to avoid or delay institutional care.

Evolving from the hospital-medical base, the Mount Zion Hospital and Medical Center initiated a number of component programs, such as home health care, adult day care, and health screening and referral, and began to coordinate these services with other essential community agencies. From these efforts emerged both a comprehensive health system with component programs of the hospital to address specific health needs, and the establishment of a consortium of community agencies for delivery of comprehensive services to the frail elderly.

The multi-phased Geriatric Service Program at Mount Zion has grown significantly since it was established in 1976. Its annual budget of over $4.3 million from federal (Medicare and Medicaid/Medical, Older Americans Act, Social Services Block Grant), state funds, third party payments, foundations and individual donors, supports nearly 45 full-time employees serving 35,000 client-contacts annually. Among the component geriatric services are:

- **Mount Zion Home Health Care Agency.** In operation for 25 years, provides skilled nursing, physical, occupational and speech therapy, social services and in-home health aid. The services are reimbursed through Medicare/Medicaid and private insurance companies.
- **Adult Day Health Care.** Medically oriented daytime programs for physically and emotionally disturbed elderly are similar to home health services, but in a group setting. Originally funded through a demonstration grant, it is now funded by fees for services as well as Medical and private foundation.
- **Information, Counseling and Referral.** An information center, "hot line," and case management approach to non-medical problem needs (financial, legal, personal) of persons aged 55 and older. State funds.
- **Screening and Referral.** A component for the "well elderly" to provide free physical, dental, and lab examination. Originally funded by Older Americans Act, the Hospital now absorbs the costs of the clinic as an outreach activity.
- **Geriatric Fellowship.** A fellowship program for post doctoral studies on geriatric medicine, funded by the Kaiser Foundation with additional funds from the University of San Francisco and Administration on Aging.
- **In-home Arts and Recreation.** Free outreach program to home-based frail elderly age 60 and older to participate in creative and stimulating activities by a team of artists. Funded by the California Arts Council and San Francisco Commission on Aging (Older Americans Act).
- **San Francisco Multipurpose Senior Services Project.** A research project to assess needs, develop a care plan and coordinate services to low income (Medicaid certified) frail elderly to remain in their community.[21]

Preventive Care

While many older persons may require some form of assistance in daily living, the majority of older persons are active, independent and live in their own homes. Eighty-two percent of those 65 and over reported no hospital stays in 1979,[22] and a recent survey of non-institutionalized elderly showed 69 percent reporting their health as good or excellent and only nine percent as poor.[23] For these elderly, a preventive and maintenance care system is beneficial. A number of communities have initiated active efforts to promote exercise and physical fitness, good diet and nutrition, and other educational and social services to promote wellness. Often a multiservice senior center has been a catalyst for many of these services (see section on Senior Centers). The use of "health fairs" has increased significantly in cities throughout the country as a means of promoting public awareness, providing health screening and facilitating community-wide focus on the health needs of older Americans.

Health Fairs: Health Screening for the Elderly

In April, 1981 Washington, DC's Mayor Marion Barry, like Mayors in a number of other cities, participated in local ceremonies to "kick off" a week-long health fair sponsored locally to increase public awareness of the need for good health and to provide health screening services to the elderly. Cities such as Washington, Providence, and Burlington, Vermont have involved the Mayor in developing local health fairs in numerous sites throughout the country.

Developed in 1976 by the National Health Screening Council for Volunteer Organizations (NHSCVO), Health Fairs across the country are collaborative efforts between the local medical profession, media, corporate sectors and volunteers. In 1981, 1500 health fairs were held in 28 cities and states providing some $50 million in

[illegible] individuals. There are [illegible] Health Fair Projects and three [illegible] Fairs scheduled for 1982.

A [illegible] Health Fair is scheduled for a 7-9 day period as a joint partnership between a local corporation (providing medical promotion), volunteer coordinating staff of NHSCVO. A minimum of six free screenings are provided including personal health history, height and weight, visual acuity, blood pressure, anemia and health screening. Optional [illegible] medical examination ($7-$8) are often provided including screening for glaucoma, hearing, breast cancer, oral and rectal cancer, tuberculosis, podiatry and [illegible].

[illegible]

Coordination: Essential Ingredient

One of the more difficult aspects of community-based health systems is the ability to use and coordinate effectively the various service components of a community-based system. To stimulate the development of coordinating models, the federal government has initiated a number of state and local programs to develop various approaches to community based systems as alternatives to institutional care. Two of these approaches are the Channeling Demonstration, which focuses on case management techniques, and the Senior Health Maintenance Organization (S/HMO) focusing on social and economic factors associated with preserving good health.

Channeling: Techniques of Case Management

The Department of Health and Human Services initiated a three-year national long term demonstration program referred to as the national "Channeling Project" to test the viability and cost-effectiveness of community-based long-term care systems. "Channeling" refers to the organizational structure and operating systems required for the delivery of needed long term care services to older persons. The primary elements of this concept are client assessment and case management, which include care planning, arranging for services, and monitoring and reassessment.

This approach departs from current general practice in that it includes both client-focused services and an altered set of relationships among health, mental health and social service agencies. The program is an intra-departmental effort between the Health Care Finance Administration (HCFA), the Public Health Service, the Administration on Aging (AoA), and the Office of the Assistant Secretary for Planning and Evaluation.

There are two models of "channeling" being tested, a third model which looks at the effectiveness of assessment and case management, and a complex model which includes additional service dollars, a fixed agency budget and control over the authority of services for channeling clients. The ten demonstration sites are Miami, Portland, Maine, Baltimore, Cleveland, Philadelphia, Houston, Middlesex, New Jersey, Rensselaer County, New York, Eastern Kentucky, and Greater Lynn, Massachusetts.

As one example, the Philadelphia Corporation for Aging, a non-profit corporation and also the Area Agency on Aging, is the host agency for the channeling demonstration for Philadelphia County, in collaboration with the State Department of Welfare, the Mayor's Office, the Philadelphia Geriatric Center, the Philadelphia Health Management Corporation, the Health Systems Agency and the Institute on Aging of Temple University. The project, funded to 1985, seeks to stimulate the development of a community-based long-term care network. The case management entails a comprehensive assessment of all needs and resources, care planning with the client and/or family, arranging for needed services or placement, monitoring of service providers and periodic reassessment. Services to be provided include: homemaker, home health, home-delivered meals, geriatric day care, transportation, mental health services, respite care, companion services, chore, alternative housing, and emergency housing.

[illegible] U.S. Department of Health and Human Services, News Release, [illegible]; U.S. Senate Special Committee on Aging, Developments in Aging: 1981, Part 1, p. 197.

Social/Health Maintenance Organization (S/HMO)

The Health Care Finance Administration (HCFA) is funding a three-year effort through Brandeis University to develop new approaches for providing health and long term care services for the elderly in target service areas. The Social/Health Maintenance Organization (S/HMO) is a management system in which a single provider assumes responsibility for a full range of acute inpatient, ambulatory, rehabilitative, extended care, home health and personal care services under a predetermined and fixed budget. Within a specific area the S/HMO seeks to voluntarily enroll elderly who then agree to receive all S/HMO services through the S/HMO provider, similar to current models of health maintenance organizations. Funding for the S/HMO will be a pool of Medicare, Medicaid, individual premiums and private sources.

Two of the three sites* are:

- The Ebenezer Society of Minneapolis, a 12 year experienced service provider for the elderly (congregate housing, elderly apartments with intern and skilled nursing facilities, homemaker/home chore program and other elderly support services), in partnership with the Group Health Plan, the oldest HMO in Minneapolis.
- The Kaiser-Permanente Medical Program of Portland, Oregon, one of six federally qualified health maintenance organizations in the Kaiser

Health System, which currently enrolls approximately 250,000 members or about 20% of the Portland metropolitan area, 21,000 of which are aged 65 and older.

*The third site had not been designated at press time.

A number of other considerations and approaches to developing community based systems are being discussed, including the possible enactment of a new Title XXI under the Social Security Act to provide basic entitlements for home health, homemaker, home health aide, adult day care and respite care services. One bill would also provide for a tax credit for families caring for dependent elderly relatives. Also under consideration are bills to amend Medicaid to promote matching for community- and home-based services provided to individuals at risk of institutionalization.

New Roles for Local Governments

Historically, local governments have had little if any direct involvement with health services for the chronically ill or the aged. While a few cities, such as Seattle, Kansas City and New York, administer public hospitals and respond to acute medical needs of low income elderly, and others such as San Juan, administer nursing homes, most local involvement in health care for the elderly relates primarily to emergency responses by police and fire departments, and more recently, paramedic teams. However, increasing city involvement in human service programs such as manpower, training, expansion of senior centers and ensuring support services for residents in public housing, has put many municipal governments in a more active role in health and human services.

The federal government has in the past generally by-passed city governments in favor of channeling funds directly to private and quasi-governmental agencies. However, the emerging interest in community-based systems, and emphasis on preventive and home health care, has led to a greater focus on the provision of social services, adequate shelter and other social-economic-medical factors dealing with the whole person. City governments now find themselves in a new partnership role with the community providing or facilitating those services which can help the elderly to avoid or delay institutionalization.

As an example, the New York City Health Department has assumed greater responsibility for promulgating, monitoring and enforcing standards of health care services delivered by dentists, physicians, optometrists and pharmacists, and is conducting on-site inspections and record reviews. The Health Department has referred questionable practices to the appropriate professional and legal authorities. In addition, it has performed many quality control activities, similar to those of Medicaid in the ambulatory care services at more than 20 voluntary hospitals.

In recognition of reduced availability of public funds at all levels of government, the new role for city government may not be in direct service delivery or funding, but rather in the more rational use or reuse of city governance powers (administrative reform, taxing and policy change). These powers may be used to enhance and strengthen service delivery by such actions as regulating nursing homes, changing zoning ordinances to allow shared housing, locating senior centers near senior housing and ensuring transportation availability and accessibility.

Governing Tools To Promote Health

Tool	Effect	Issues	Actors
Telephone reassurance networks for homebound elderly who live alone	Provide reciprocal obligation as well as a way of addressing fears, dangers of isolation	Staff may be required for initial development and start up	community groups
Remove sales tax from pharmaceuticals, including over the-counter drugs	Cut cost of pharmaceuticals for elderly, who are the heaviest users	May cut tax revenues significantly	State legislature, county sales tax, city council (for city sales tax)
Group home near hospital for those needing treatment but not nursing	Cut need for lengthy daily of those who live alone far from hospital	May require arranging for neighbors to look after home, pet or belongings	City council, hospital, AAA
Development of courses for family members in how to care for patients with particular medical problems	Help family members learn to care for the patient at home, including monitoring medication, blood pressure, preventing diabetes, ulcers, other	Requires initial investment in course materials	Hospitals, out-patient clinics, senior centers

Mayors will be key actors in providing the local leadership to stimulate development, promote coordination, solicit volunteers, negotiate with various levels of government, generally, and use the authority, or "clout," of the city to bring about needed change. Mayors throughout the country have been actively involved in this process. For some, like Mayors Hernan Padilla of San Juan and Harvey Sloane of Louisville who are also practicing physicians knowledgeable in both the medical field and political process, the need to effectively coor-

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dinate these two "worlds" may require precision use of both skills. For other Mayors and local officials, the emerging role and responsibility of municipal government in the development of comprehensive community-based systems may be a complex and difficult, yet challenging new role.

Footnotes

[1] U.S. Department of Health and Human Services, Under Secretary's Task Force on Long-Term Care, *Working Papers on Long Term Care*, October, 1981, p. 3.

[2] 1981 White House Conference on Aging, *Report of the Committee on Health Maintenance and Health Promotion*, p. 2.

[3] U.S. Congress, Senate Special Committee on Aging, *Developments in Aging*, 1980, Part 2, p. 59.

[4] U.S. Conference of Mayors, *Alcohol Abuse Prevention Strategies for Cities*, December 1981, pp. 5-6.

[5] U.S. Congress, op. cit., p. 83.

[6] Fessler, Pamela, "Soaring Health Care Costs for the Elderly: A Problem Growing Worse Every Year," Congressional Quarterly, November 28, 1981, p. 2337.

[7] U.S. Congress, Senate Special Committee on Aging, *Developments in Aging: 1980, Part I*, p. xxii.

[8] *Ibid.*, p. xxiii.

[9] Fessler, Pamela, op. cit., p. 2337.

[10] *Ibid.*, p. 2340.

[11] *Ibid.*, p. 2338.

[12] U.S. Department of Health and Human Services, Office of Health Care Financing, "Health U.S. 1981. National Nursing Home Survey."

[13] U.S. Congress, Senate Special Committee on Aging, *Developments in Aging: 1980, Part 2*, p. 194.

[14] Fessler, Pamela, op. cit., p. 2339.

[15] U.S. Department of Health and Human Services, op. cit.

[16] Pegels, C. Carl, *Health Care and the Elderly*, 1980, p. 158.

[17] U.S. Department of Health and Human Services, *Working Paper on Long Term Care*, October, 1981, pp. 2-3.

[18] *Ibid.*, p. 4.

[19] National Conference on Social Welfare, *Long-Term Care: In Search of Solutions*, pp. 21-22.

[20] U.S. Congress, op. cit., p. 187.

[21] Sklar, Barbara, "New Development Opportunities in Geriatrics," NAHD Journal, April 1981, pp. 6-9.

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IV. Housing: More Than Just Shelter

The desire to live independently in one's own home is shared by most Americans. At a time when mortgage rates are reaching new heights and buying a house is beyond the reach of most Americans, seven out of every ten elderly own their homes, and 84 percent are mortgage free. Yet homeownership can be a mixed blessing for both the elderly and localities in which they live. "House poor" can be a particularly appropriate maxim for many elderly.

Generally, the elderly serve as a stabilizing force within city neighborhoods. They are, by and large, the residents who have lived there the longest and have the greatest stake in their environment. The elderly have been repeatedly identified as the age group most supportive of the police, most favored by landlords as tenants, and most likely to serve as volunteers for various civic functions. Their long standing knowledge of, experience with, and involvement in their neighborhoods make the elderly an asset to the community.

At the same time, most older Americans live in homes which may now be too large for their needs—homes purchased when they were raising families. By remaining in such homes they may add to existing housing shortages for younger families forcing them to move to suburbs where larger housing is available. Further, with inflation eroding fixed incomes, many elderly may be unable to afford adequate maintenance or repair of their homes. While this is a real problem for the older homeowner, it may also adversely affect the community as housing deterioration devalues not only a single dwelling but surrounding homes as well, causing loss of revenue to the community through reduced property tax collections.

Clearly, a major factor in the housing situation of older Americans is income. Despite the high percentage of older homeowners, nearly one-half of all homeowners and one-fourth of all renters living at or below the poverty level are 65 years of age and older.[3] Older homeowners are concentrated at the lowest income levels, comprising well over half of those homeowners with annual incomes under $5000.[4] Meeting rising maintenance costs, cleaning expenses, property taxes, insurance, water and utilities can prove nearly impossible on retirement income. The ability to maintain the homestead is particularly difficult for older widows. In addition to the loss of companionship and sharp reduction in household budget, the older widow, often without the handyman skills for routine maintenance, must either seek expensive labor or forego needed repairs.

Because the elderly tend to live in older, poorly insulated housing, winter heating bills can strain the household budget. Even during the relatively mild winter of 1979–80, for example, low-income elderly in the northeast spent nearly half of their incomes on energy costs alone.[5] Conversely, the record high temperatures of the summer of 1980 demonstrated that air conditioning, too, can be an expensive life-and-death necessity. In that year over 1000 elderly persons died from the heat while thousands more were hospitalized.[6]

Renters

The housing problems of the one third of those 65 and over who are renters are somewhat different. The availability of rental units at a price which they can afford is of prime concern. This is particularly true in high rent areas of cities and for the "marginally poor" who do not qualify for housing assistance. Another emerging problem is displacement from "gentrification" and other development activities. With a large number of rental apartments being converted to condominiums or cooperatives, older residents often face the dual prospect of leaving their homes of many years and trying to find new shelter at affordable rates.

Such displacement can leave the elderly with few decent and affordable housing alternatives as the waiting periods for apartments in low-income housing projects can in some cities stretch for years. A number of cities, such as San Francisco, Seattle and Washington, D.C., have slowed the rate of condominium conversion by enactment of special city statutes. It should be noted, however, that condominium conversions do not always result in problems for the elderly, and this movement back into the city has been helpful in restoring neighborhoods and enhancing the property tax base.

In addition, depending on local laws and developers, older renters are sometimes given the opportunity to purchase apartments at reduced rates, or may be provided with long term leases providing a greater degree of security than previously available. For those elderly fortunate enough to remain in their home after conversion into condominium, opportunities emerge for new lifestyles, increased services and intergenerational activities.

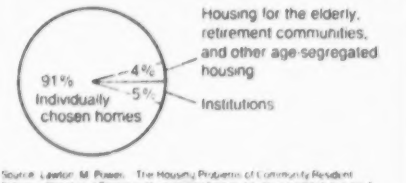
In areas where conversion of rental apartments to condominiums or co-ops is a problem, cities may amend their charter to ensure those to be displaced are given special consideration. This can be done either through aid in helping them secure new rental housing in the area or by arranging for special treatment by developers so that the elderly may be better able to purchase their apartment when it is placed on the market. A recently converted apartment complex in Arlington, Virginia, for example, allowed a $5000 reduction in the price of an apartment to elderly and handicapped residents, in addition to the 25 percent discount available to all tenants. To further benefit the elderly, $25 was subtracted from the purchase price for each month a tenant had lived in the complex.

Access to Services

Another key factor in ensuring the opportunity to remain in independent living situations is access to and availability of essential support services. The ability to purchase food, seek medical attention, have access to transportation, obtain legal advice, counseling and to participate in educational, cultural and recreational activities, and be protected from crime is basic to all persons regardless of age. However, as a person ages, the need for such services generally increases, while the ability to gain access to such services decreases. For many elderly who are less mobile due to declining health or reasons such as fear of crime, essential support services become increasingly difficult to obtain. In a 1979 survey conducted by the National Center for Health Statistics, 46 percent of the over 65 population responding said they had some limitation on their usual activity because of a chronic condition. About 17 percent were unable to perform their previously usual activity at all, 22 percent reported limitation in the amount or kind of usual activity, and about seven percent were limited outside the usual activity.[6]

However, with some assistance many of these elderly can continue to live more independently in their own homes. Often the necessary support services may simply be some form of in-home service such as homemaker or chore service to help clean and care for the home, or a home repair service. For others it may mean a home delivered meal, home-health assistance and/or counseling. But without such assistance, many of these older people may be forced into a less independent living situation, i.e., institutional care. While only five percent of older Americans live in nursing homes, it has been estimated that as many as 40 percent of nursing home residents are receiving more care than they need, and would not be there if there were effective alternatives.[7]

Elderly Housing Arrangements



Source: Leanor M. Power, "The Housing Projects of Community Resident Elderly," Occasional Papers in Housing and Community Development, Volume 1, Department of Housing and Urban Development, p. 19.

An array of community based services is emerging to help older people to remain in their own home. Senior centers have been successful in many cities as a community focal point for providing or referring support services at the center or home-delivered, such as health care counseling, meals and other services, sustaining an older person's independence for a longer period of time.

A group of urban elderly who are often overlooked are renters who are living below the poverty threshold in single rooms in deteriorating hotels. Termed SROs (single room occupants), these individuals, generally older males, have often been outside the system so long

that they are unaware of various existing medical, nutritional and other programs from which they could benefit. And, of course, even further outside of the mainstream, are those elderly in many central cities who live literally in the streets—"bag people"—whose life savings may be carried with them in shopping bags and carts. While these people may be the most in need of services, they are also the most difficult to reach.

Federal Programs

Because of the size and scope of the effort required, the federal government in the past has taken the lead responsibility in funding housing programs for the low income and the elderly. The actual administration of these federally funded programs is local, but may vary from local government to housing authority, to non-profit or religious organization. While one of the stated goals of the Older Americans Act is the provision of decent and affordable housing for the elderly, that goal as debated during the 1981 White House Conference on Aging is far from being met. It has been estimated that 200,000 units would have to be provided each year for the next ten years simply to meet the need as it existed in 1978.[9] However, with reduced federal domestic spending, additional responsibility is placed on local governments as well as the private sector to meet this need.

Currently major federal housing programs include the following:

- **Public housing.** This has been made available to older Americans since the program's inception in 1937, yet it was not until the Omnibus Housing Act of 1956 that special priorities were provided for the construction of housing for those 65 and over. Elderly residents are eligible for units in most public housing, and some projects are especially designed for their occupancy. According to the Department of Housing and Urban Development, as of 1980 there were approximately one million units of public housing of which 44 percent are occupied by an elderly person (age 62 and over). During 1980, 15,200 units of public housing were completed for occupancy and 5,200 were filled by elderly residents.[10]

- **Elderly Housing.** Section 202 of the Housing Act provides for direct, low-interest construction and permanent financing loans for the development of housing projects especially designed for the elderly and handicapped. By law, sponsors are required to be non-profit organizations and associations. They have included religious institutions, union groups, community-based organizations, cooperatives and fraternal organizations. Section 202 programs are operated in conjunction with federal rent subsidy programs (such as Section 8) and may have space set aside for congregate meals and other support needs. In addition, the Section 202 program provides a number of units specifically designed for the non-elderly handicapped. Since the reactivization of the program in 1974, nearly $5 billion has been reserved for Section 202, representing 1,992 projects and 130,728 units.[11]

- **Rent Subsidy Programs.** The Section 8 rent subsidy program, enacted as part of the Housing and Community Development Act of 1974, features the use of housing assistance payments and encourages the provision of comprehensive services, and the adoption of appropriate interior design elements for the elderly. With the passage of the Omnibus Reconciliation Act of 1981, the rent for persons assisted under Section 8 increased from 25 percent to as much as 30 percent of their income. Residents eligible for assistance under Section 8 must have incomes below 80 percent of the median income in their area. Thus, if the median income level for a family of two were $10,000 in a given area, an elderly couple's annual income could not be over $8,000 to qualify, and as much as $2,400

Proposed Housing Voucher Program

The President's Commission on Housing recommended in 1981 an emphasis on consumer housing assistance based on its findings that "the primary housing problem today is inadequate income,"[12] rather than a shortage of housing. In response to this recommendation the Reagan Administration proposed in its fiscal year 1983 budget a new Modified Section 8 Existing Housing Certificate Program to change the locus of federally assisted housing. Under this proposed system, vouchers, or "consumer housing assistance grants," would provide cash assistance to low income tenants, who would then use the money toward the rental of housing of their choice.

Under the current law, HUD pays the difference between 30 percent of a tenant's income and the Contract Rent agreed upon by HUD (or its local agent, the public housing authority) and the unit owner. This Contract Rent must be equal to or lower than a Fair Market Rent computed for the unit type in that market area by HUD economists. Tenants in the program are not permitted to pay more than 30 percent of their income for rent, since their payments remain the same—30 percent of income—regardless of the rent.

Under the proposed Modified Section 8 Existing Housing Certificate, HUD's contribution would be based on the difference between an established rent payment standard for each market and 30 percent of a new tenant's rent. Tenant eligibility would be based on an income standard of 50 percent of area median income. Tenants who were already subsidized under some other program prior to fiscal year 1982 were required to pay 25 percent of their income toward the rent.

could be required for rent. Of the 212,000 Section 8 units reserved in fiscal year 1980, approximately 34 percent were occupied by elderly persons.[11]

The major emphasis of federal housing programs from the late 1930s into the mid 1970s was the construction of specially designed rental projects, either exclusively for the aged (Section 202) or mixed with other low or moderately low-income people (public housing and Section 8). In the mid 70s, however, came the realization that housing means more than just physical environment. *Adequate housing for many senior citizens, it was found, requires more than simply a roof overhead.* It also means the provision of certain basic services, and federal policies began to reflect this need. A number of housing programs are now looking beyond "brick and mortar" and are incorporating a wide range of support services. These programs include:

- **Congregate housing** is a coordinated housing and support service program to provide access to essential services for residents, enabling the functionally impaired or socially deprived to remain (or return) to a semi-independent lifestyle. The program authorizes HUD to extend multi-year grants to eligible public housing authorities and non-profit Section 202 borrowers. In 1981 there were 29 of these grants in operation serving approximately 1,300 residents.[12]

  Experience with the program to date has shown that the key to effective congregate housing primarily lies in the ability to coordinate social services with the housing facility itself. Administrative authority at the federal level for construction and continuing operation of the facility resides in the Department of Housing and Urban Development, while services contracted out by the local sponsor are most often administered by the Department of Health and Human Services. This division of responsibility makes the design, implementation and coordination of a project difficult at the local level.

- **Support services are designed to assist the elderly** in continuing to live more independently in a home environment. Support services in the home include nutrition, homemaker services, home health services, shopping services, escort services, reader services, and counseling. Each community has a number of public-private agencies which offer one or more of these services funded by an array of sources (see volume on AAA and Coordination). A number of communities are developing various approaches to assure effective community-based systems, whether through facilities such as multi-service senior centers, coordinated through the Mayor's office, or a leading service or planning agency, or efforts by an Area Agency on Aging.

- **Weatherization/Energy assistance.** Since the oil embargo in 1974 and the subsequent rise in oil prices, home heating has become an ever increasing expense for most households. Fuel oil, for example, rose 291 percent between 1972 and 1979.[14] Many elderly are reluctant to seek fuel payment assistance, considering it to be a welfare program. Rather than notify the appropriate local agency to apply for whatever emergency financial assistance may be available, many elderly choose to cut into their household budgets or often do without.

  In order to help low-income people cope with rising energy prices, two forms of assistance were initiated at the federal level: weatherization assistance and direct energy assistance.

  The Low-Income Weatherization Program, begun in 1974, is designed to provide weatherization and insulation in the homes of the low-income. Amendments to the Act in 1978 made all persons with incomes up to 125 percent of the poverty level eligible for assistance and placed special emphasis on helping the elderly. Additionally, changes that year in the tax law provided homeowners a non-refundable tax credit of up to $300 for insulation and other energy conservation improvements made in their home.

  The Home Energy Assistance Act of 1980 provides direct cash assistance to individuals to help defray energy costs and requires that "priority be given to households with at least one elderly or handicapped individual." Under this program, the amount of assistance for households is determined by the States, based on the household's income, size, energy costs, and climatic condition of the region. In fiscal year 1981, payments to states ranged from $1.9 million for Hawaii to $223 million for New York.[15]

- **Tax benefits to homeowners** were increased from $100,000 to $125,000 by the 1981 Economic Recovery Act for the one-time exclusion from the capital gains tax on the sale of the principle residence (lived in for three of the past five years) by a person aged 55 or older. Though this tax benefit has been in effect only since 1978, the early reports from selected areas show that the response to the change in the law has been dramatic.[16]

State Roles

While the states have traditionally played a more limited role in housing policy than federal and local governments, states have had a primary role in administering many of the support services essential for the elderly to remain in their homes. A number of changes are occurring in the federal-state-local relationship for

coordinating housing and support services. States have been given an increased role over housing programs as well as increased responsibility for the new consolidated Social Services Block Grant. This will have an impact on existing local housing programs as cities negotiate new arrangements with their state governments.

In addition to their relationship with the federal government, states may indirectly affect housing in a community through state policies and laws specifying the degree of local flexibility such as zoning ordinances and property tax rates which may inhibit or promote development of local housing alternatives. Such policies might include:

- **Property taxes.** The role state governments play in property taxes is twofold. In many states the rate at which localities can levy property taxes is limited by state statute. Since cities derive a large proportion of their revenue from property tax collection, changes in the law reducing the amount which can be collected may have a significant impact on a city's ability to provide services to its residents, as evidenced by Proposition 13 in California and Proposition 2½ in Massachusetts.

  Because many elderly homeowners living on fixed incomes have trouble paying high tax rates assessed on their homes, a majority of states have enacted one of several types of measures intended to provide some relief. Most commonly, the programs are of two types: "circuit breakers," which ease the tax liability relative to income, and "homestead exemptions," which operate like a direct grant, reducing the assessed value of homes of all eligible persons by the same amount. Tax deferral programs allow the tax payer to voluntarily agree with the assessor to delay all or part of his or her property taxes in exchange for a lien placed on the property.

  In Wisconsin, a law enacted in 1981 is designed to help relieve the financial pressure which leads some elderly persons to move out of their homes. The Senior Tax Option Program (STOP) allows homeowners aged 65 and over to use their home equity to pay property taxes through a loan-type mechanism. Initial funding for the program required the sale of revenue bonds, but since property equity is reduced by the extent of program loans and interest charges, the program will ultimately become self-sustaining and localities will not lose out on payment of funds. Under the new program, an elderly homeowner can borrow up to $1,800 annually from the state government to pay his or her property taxes.[1]

- **Energy costs.** Since utility charges are regulated by State Public Utility Commissions, their policy on rate increases will have a great impact on the elderly who may live on a fixed income unable to afford the burden of the rising costs of energy. A number of states have passed "life-line legislation" designed to ensure that utilities will not be turned off for the elderly causing life threatening situations.

Local initiatives

In the final analysis, programs are administered and have their greatest impact at the local level. It is the city which must take ideas developed at other levels of government and follow them through implementation to their final realization. It is the local officials, and ultimately the Mayor, who must act as coordinator among the many participants involved: the federal and state governments, housing authorities, the Area Agency on Aging, and others. How the Mayor serves in his or her increasingly complex role often determines the degree of success a project may experience.

Governing Tools To Enhance Housing Opportunities For The Elderly

Tool	Effect	Issues	Actors
Zoning regulations for group homes	Increase ease with which group homes for the aged can be located in residential areas	Does not address reluctance of neighbors to permit entry of group homes	City Council, Zoning Board
Downzoning to maintain neighborhood stability	Maintain single-family residences to prevent conversion to apartments, retain neighborhood character	Can result in displacement by raising housing costs elsewhere or by gentrification	City Council, Zoning Board
Tax abatement for residential rehabilitation	Encourage residential improvements by removing tax penalty	Full utilization by all property owners would cut local revenues	City Council, County Board, state legislature (if necessary)
Building code variances for rehabilitation of older buildings	Provide greater flexibility to encourage reuse of sound buildings as long as variance does not affect safety or health, can allow additions to housing stock	Owner must demonstrate variance will not affect health or safety	City Council, Planning Department, Inspection Department

As federal funds coming into the community for housing programs are reduced, local governments must look for alternatives to meet the needs of their older res-

idents. Some programs which have proven successful include:

- **Reverse Annuity Mortgage (RAM).** A number of cities are initiating local programs designed to "free up" the equity the elderly have invested in their homes. In December of 1978, the Federal Home Loan Bank Board authorized federal savings and loan associations to begin offering a number of new mortgage instruments, including Reverse Annuity Mortgages (RAMs). This type of loan allows elderly owners to take advantage of the equity they have built up over the years to obtain the additional income necessary to meet living expenses while continuing to live in their homes.

  A RAM loan gives the homeowner a monthly cash payment over a set period of time, usually ten years, with the home as collateral. No repayment is necessary until the end of the loan period, the death of the owner or the sale of the home. A slightly different plan offered by a savings and loan in Cleveland lends homeowners up to 80 percent of the value of their homes in monthly payments over five to ten years. A number of cities are conducting pilot programs involving home equity conversion, including Madison, Wisconsin; Newark, New Jersey; Wichita, Kansas; Pittsburgh, Pennsylvania; Milwaukee, Wisconsin; and San Francisco, California. The Home Equity Conversion Project in Wisconsin closely follows local developments in this field and has published a list of pilot projects across the country.

Buffalo H.E.L.P. **Buffalo**
1980 population 357,870

In the forefront of Reverse Annuity Mortgages, the City of Buffalo, New York was among the first to initiate a program of this type for its elderly resident homeowners. Development of the idea began over five years ago when the RAM concept first gained national recognition. The program formally began its marketing phase in August 1981 and had two contracts signed within the first two weeks of operation.

A non-profit corporation, Buffalo Home Equity Living Plans, Inc. (H E L P), was established in the city to administer the program. The priority goals of the corporation are: 1) to influence neighborhood stabilization by maintaining the homes of senior property owners, and 2) to turn the home equity of senior homeowners into an ongoing source of income while allowing them to remain in their homes.

As a pilot project, the RAMs are currently available only to a select target area within the City of Buffalo. To be eligible for the RAM, a homeowner must be at least 60 years of age, a resident of the target area, and have an income below 80 percent of the median for the Buffalo area. Currently, this figure is $14,750 for single adults and $16,850 for a family of two, levels which allow for the eligibility of the vast majority of aged within the target area.

Under the payments plan contracted at the Wharton School in Philadelphia, Pennsylvania, monthly checks are mailed to the owner based on his or her life expectancy at the time of the contract and the appraised market value of the home. For example, a typical participant would be a 70 year-old widow, owning a home worth $20,000. By arranging for a RAM, she would receive $80 per month, guaranteed for her estimated at 17 years, as a return for the equity in the home. In addition to the monthly check, H E L P is responsible for any initial repairs needed, the maintenance of the home in the future and payment of property taxes and insurance.

The elderly homeowner retains "life tenancy estate" for the property which allows him or her to continue to remain in the home, and grants H E L P remainder interest in the property. If for any reason the homeowner wants to cancel the contract, he or she may do so within one year of the signing date. If the owner should die within this initial one year period, his or her heirs may retain the property by paying H E L P an amount equal to what the corporation has expended.

To finance the program, Buffalo established a revolving fund initially funded with $1.3 million in Community Development Block Grant funds which have been invested in U.S. Treasury notes of varying maturities of one to twenty years. This source of capital is intended to meet the future needs of the program for years to come. It is anticipated that as homes are bought and sold through the H E L P program, funding will be available to perpetuate the program.

- **Community Services.** Cities are using various approaches to ensure adequate access to community support services, both in terms of bringing individuals to the services as well as bringing services to individuals. For instance, many cities are utilizing multi-purpose senior centers as a community focal point for support services, and engaging vans, car pooling and other approaches to bring the elderly to these services. In addition, these centers serve as linkages to other community agencies. For those elderly who are unable to come to the center or site of community services, a number of programs such as meals on wheels, mobile food marts, health vans and others deliver services directly to the home. Some cities such as Cleveland and Columbus, Ohio, actually locate their senior centers in or adjacent to elderly high rises to promote participation. In Baltimore, the city negotiated with a private hospital to establish clinics within the city's elderly housing units.
- **Group or Shared Housing.** Traditionally, housing in the United States was multigenerational, with children, parents and grandparents living under one roof. One consequence of America's trend toward

a more mobile society has been the change in this type of family arrangement. Long after children have moved away from their parents, many elderly continue to reside in their family homes, with unused and unnecessary extra rooms still requiring costly maintenance and heating. Oftentimes, local zoning prohibits non-related or multi-family occupancy of homes, so extra rooms are not rented out to boarders. These empty rooms can thus have the effect of both unduly draining resources from an elderly person's household budget and contributing to a shortage of available housing.

One innovation becoming more popular in recent years is the concept of shared or group housing. Shared homes relieve residents of some household responsibilities, while promoting personal autonomy and self dignity. Of course, local zoning may need to be altered or waived to facilitate this type of housing.

In Philadelphia, Maggie Kuhn, founder of the Gray Panthers, established a Shared Housing Resource Center in January of 1981 which places older people in homes throughout the city. Such "family by choice" arrangements may be intergenerational, such as Ms. Kuhn's house, or may have only the elderly as members. Shared homes can be owned by one person, bought as a co-op by the group, or rented. Louisville, Kentucky, and Bethlehem, Pennsylvania, have similar programs.

Shared housing can be a viable alternative for many elderly, though it is not for everyone. Turnover rates have proven to be high, as they are in most group houses, regardless of the age of occupants. Local zoning ordinances which do not permit non-related adults to occupy the same house may have to be altered in some localities to permit this arrangement. In these cases, the Mayor can take a leading role in explaining and publicizing the need for elderly housing options and the possible benefits for the city and its elderly to be derived from shared housing.

- **Detached Housing: Granny Flats.** Another housing alternative gaining increasing recognition in recent years is the granny flats concept, or moveable mini-houses. These small houses, which may be pre fabs, are usually located in a backyard or adjacent area for older members of the family. This approach, popularized in Australia, is similar to an earlier notion of a mother-in-law cottage. Under this program, a semi-permanent facility is constructed to enable the older person to have their separate living facility yet within close proximity of members of their family who provide informal support services.

  Cities such as Rockville, Maryland, have initiated local zoning changes to permit the temporary use of these shelters and have established a program to finance the availability of a limited number of these granny flats.

- **Home Maintenance.** Maintenance is often a problem in elderly housing, both in single family and apartment homes. To aid the elderly in the upkeep of their residences, several cities provide maintenance crews often as part of an employment training program who accomplish home repairs. In a few cities, such as Cleveland, training programs have been established to teach the elderly home repair—including electrical work. In other communities, volunteers make up all or part of the work team, often including retired elderly craftsmen. An innovative program in Jacksonville, Florida, involves a private corporate commitment in long-term maintenance of housing for the elderly by "adopting" the elderly high-rise. This program of public-private partnership is one excellent way of showing that the community and its businesses care about the city's older citizens.

Corporate Caring — **Jacksonville**
1980 population 540,898

The City of Jacksonville, Florida has long demonstrated a commitment to its elderly, including the construction of 22 congregate living facilities within its boundaries. However, as the buildings aged they became in need of repair. Following a call to the Mayor's Office from a corporation employee who wanted to serve as a volunteer at one of the city's buildings, the idea was developed to encourage the involvement of private businesses in assisting the elderly in maintaining their homes; the "Corporate Caring" program was the result. "We realized the senior citizens of this community deserve more than just a building to live in," Mayor Jake Godbold commented.

Mayor Jake Godbold presents a plaque of appreciation to Jack Donnell, president of Charter Company, for that corporations's involvement in the Corporate Caring Program.

Beginning in August of 1981, private corporations within the city were solicited to make a commitment to "adopt" one of the city's elderly congregate living facilities, caring for both the structure itself and its residents. Once a corporate entity commits, the Mayor's Office works with the corporation's steering committee to give them the necessary facts concerning all of the city's buildings.

After the selection of the building to be adopted, a number of implementation steps are taken to secure its success. First, a slide show of the facilities is put together by the Mayor's Office and the corporation to be used encouraging employee volunteer involvement. Second, the Mayor's Office and the corporation steering committee meet with the Tenants Association officers to discuss the needs of the residents and any refurbishing the building may require. Next, a "kickoff" date for the project is planned and employees are informed and encouraged to volunteer.

The kickoff of Corporate Caring's first adoption was in September of 1981, involving 84 employees of the Charter Company, approximately 100 residents, and members of the Mayor's Office, including Mayor Godbold. Intended as a media event to further publicize the program, the Kickoff Day included activities such as painting the building's lobby, refurbishing, cleaning windows, and yard work. T shirts were provided by the Charter Company to employee volunteers. Media attention informed other businesses of the program.

After the adoption has begun, the business' steering committee meets with the Mayor's Office and the Tenant Association to plan activities for the rest of the year, ideally scheduling something for each month. Possible events include holiday parties, arts and crafts exchange, visiting programs, and fundraising events. At a later date, the Mayor's Office schedules a short orientation meeting with employee volunteers to acquaint them with possible problem situations they may encounter throughout the course of the year.

As Mayor Godbold deals with corporate executives throughout the course of his duties, he takes the opportunity to make certain they are aware of Corporate Caring and the activities of the program. A second corporate commitment has come from Southern Bell Telephone Company, and another is in the process. The driving forces behind the project are employee volunteers and the work of the Mayor's Office. Given a chance to prove their concern for the city's older citizens, the Corporate Caring concept in Jacksonville has received an overwhelming response from employees of the Charter Company who want to make a real difference in the lives of the elderly.

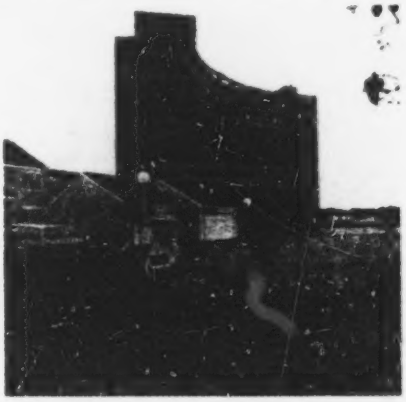
- **Financing Local Housing.** In recent years most publicly funded housing for the elderly has relied on federal programs, primarily by non-profit sponsors using HUD Section 202 loans. However, more recently cities have begun to look to their local community for funding. In the City of Seattle a bond was overwhelmingly passed in 1981 to finance the construction of elderly housing using local public funds. In commenting on the success of this bond resolution, Mayor Charles Royer stated:

"If the need can be demonstrated (and it's demonstrated clearly in the hundreds of 65-year old women getting $4,500 a year and paying $3,600 in rent, choosing between medicine and transportation, between food and heating oil), people recognize it and are willing to invest in solutions. Good answers, local answers, even though expensive, are possible. Nothing demonstrates this fact better than the recent vote to pass a $48 million general obligation bond issue for low income elderly housing in Seattle. More than 98,000 Seattle voters, 75 percent of the total votes cast, have proven that these solutions are achievable and must be sought."

Wilder Foundation — **St. Paul**
1980 population 270,230

In St. Paul, a private foundation, the Amherst H. Wilder Foundation, has established a comprehensive program for the elderly which includes housing as well as the delivery of services designed to allow older people to remain in their homes, such as homemaker services, home nursing services and home delivered meals. In addition to the more traditional role of serving as the non-profit sponsor in both Section 202 and Section 8 programs, the Wilder Foundation is undertaking two innovative approaches to finance intergeneration housing within the City of St. Paul.

Intending to both provide housing alternatives for those elderly with oversized homes and to rejuvenate neighborhoods with the infusion of young families with children, the Wilder Foundation has financed the construction of a 17-story, 231 unit condominium high-rise surrounded by 52 townhouses. The purchase of residences in the high



rise is limited to individuals or families which have at least one member 55 years of age or older while the townhouses are open to all families whose income does not exceed 80 percent of the median income of the county.

To aid families in the purchase of these units, the Foundation has made available to 25 percent of the purchasers a grant which reduced the price to more affordable levels. Financing to individuals was made available at 6.35 percent, considerably below market.

The Wilder Foundation's second new major housing focus has involved collaboration and coordination among the Foundation, the City of St. Paul, the St. Paul Port Authority, Control Data, Inc., and the federal government. When completed, the St. Paul Energy Park will be composed of 950 multi-generation housing units as well as the home of many energy related businesses. The Foundation has sold $5.1 million worth of bonds to finance the housing units. All structures within the development will be connected to a centrally located energy efficient district heating and cooling system, financed through an Urban Development Action Grant from the Department of Housing and Urban Development.

Approximately 60 percent of the Park's housing units will be owner-occupied, with 20 percent of those subsidized through an internal subsidy program developed by the Foundation. In addition, at least 20 percent of the rental units will be subsidized through the Department of Housing and Urban Development's Section 8 rent subsidy program. Of the total housing units to become available in Energy Park, the City of St. Paul estimates that approximately 25 percent will be marketed to low and moderate income families, 40 percent to middle income families, and 35 percent to upper income families.

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V. Information Systems

Though a city may have available a wide variety of programs and services for its elderly population, many older people remain unaware of the existence of these services and/or how to find them when they are in need of assistance. Without such awareness or accessibility, these needed support services, for all practical purposes, do not exist. An individual's access to information concerning the various forms of assistance—what services are available, who is eligible, where, when and how often services are provided—is an essential element in determining how successful a given program is in aiding its target group.

Currently, as much as 90 percent of elderly people are not taking full advantage of all government services at their disposal.[1] One reason for this, clearly, is the personal assessments made by the elderly that a particular service is not needed by them. For many, however, the problem is not knowing what assistance is available, compounded by the anxiety of dealing with a bureaucratic system, lack of access or transportation, and/or language difficulties. Most health and social service agencies in communities are aware of other available resources and make referrals to these agencies; however, the maze of agencies and services has become so complex in recent years that no single agency can be aware of all possibilities unless it contains a formal information component.[2]

Not knowing where else to turn for help on a specific problem, many people will contact their City Hall. Cities can easily prepare for this by requiring operators to be well informed of the various city departments, their functions and their telephone numbers for either transfer or referral of calls. Some cities such as Kettering, Ohio and Chicago have established "first contact" information systems within City Hall itself so that inquiries can be handled quickly and efficiently.

Information and Referral (I&R)

Recognizing the crucial importance of information and referral services to the aged, Title III of the Older Americans Act mandates the provision of these services for those receiving funds from the Act. For example, if an individual inquires where he or she can apply for food stamps and is told the agency to contact, its telephone number and office hours, this activity is considered *information giving*. If, on the other hand, an individual expresses a problem but is unable to identify specific needs, as in the case of a woman who reports that she doesn't have enough money to make ends meet, *referral* is necessary to link her with the appropriate agency. In this case, the worker will have to identify the client's needs, which may be aided by Supplemental Security Income, Medicaid, a nutrition program, transportation or other services.[3]

Referral is accomplished in one of two ways: either by informing the client of the appropriate agency and its location, or by physically accompanying the client to the agency and remaining present during the interview or application process to provide assistance and emotional support if needed. Volunteers are often recruited to serve as escorts. Increasingly, cities are locating a formal information and referral unit within a local senior center for convenience of access by the community's elderly. As more and more

senior centers are becoming community focal points for a widening variety of elderly services and activities, older people begin turning to their senior center as a "one-stop-shop" for many of their needs. Whether within the senior center or at other locations, the hiring of the elderly as I&R staff can be particularly effective in establishing rapport and inspiring the confidence of older people to use these services.[4]

Many I&R units conduct some type of follow-up procedure to ensure that a client has received the prescribed services and to determine whether the service provided was useful. Follow-up procedures are useful not only in making sure that individual clients have been helped, but also prove invaluable in the evaluation of the I&R system and other services. Through routine follow-up calls to clients or agencies, data on the availability of services and eligibility requirements can be updated and utilized for future referrals.

In addition to publicity programs designed to inform potential clients of available services, many cities perform other outreach activities to identify possible service beneficiaries. One such technique is door-to-door canvassing by volunteers. Where such canvassing is impossible or impractical, some form of targeting may be necessary. Interviews with local merchants, mailcarriers, police, senior center participants, banking personnel, religious organizations or homemaker and health agencies may prove especially useful in identifying those needing services. Some communities use census tract data to locate areas of the city with a high concentration of older people with small incomes living alone before sending out interviewers. Older Americans Act funds are available through Title III for outreach services, including escort and transportation services which may be arranged for those who have difficulty in getting to services any other way.

Research has shown, however, that even individuals who have successfully used an I&R service may recall only the service to which they were referred and not the I&R contact itself.[5] Making people aware of all available services is a task which cities accomplish in many varied ways.

Most cities have adopted some method of "getting the word out," such as newsletters, telephone "hotlines," service directories, radio, television, and newspaper ads, posters on city transit vehicles, and even the use of citizen band (CB) radios. Cities also accomplish a great deal in this area with the use of volunteers to answer phones and conduct interviews. Many of these information systems are provided directly by the city while others are provided by leading community agencies in conjunction with the city.

All of these efforts by local governments to provide information and referral to residents on available services has made the development of information systems itself an important consideration. The following descriptions detail a number of programs designed by cities to ensure adequate information referral.

Newsletters and Newspapers

A number of cities such as New York, Lincoln, Nashville, Detroit, Boston and Baltimore publish monthly newspapers exclusively on older issues which, in addition to information concerning the various city programs available, contain national and local news which affects the elderly, feature stories on elderly citizens or activities, tips on shopping, health care, crime prevention and other subjects, and schedules of activities to be held in the city. Many cities distribute these papers free or charge only a minimal amount for a yearly subscription.

Other cities such as Falls Church, Virginia include a column or page on elderly issues in their municipal newsletter. Those cities which do not publish their own newsletter often have an agreement with the local general newspaper to include a page or section on elderly-related news or events. In some cities, the Office on Aging staff will contribute articles, while in others the local newspapers will have staff assigned to cover these issues regularly.

Directories

Another method of providing information to seniors is through the publication of a comprehensive directory of public and private services available to them within the community. The best publications are not limited to mere-

ly senior-oriented programs, but include information on activities of interest to the general public as well.

Boston publishes a series of service directories with different editions for different neighborhoods within the city and includes sections such as Central Numbers to Call, Money and Making the Most of It, Housing, Consumer and Legal Services, and Leisure, Recreation and Education. In Winnetka, Illinois, the North Shore Senior Center includes a "yellow pages" section in its directory. This listing of advertisements by over 500 local businesses helps support the cost of printing and distributing the directory.

Hotlines and Telephone Services

Most cities now offer an "Elderly Hotline" which places seniors in direct contact with specially trained telephone operators who direct them to appropriate community organizations or services. These hotlines usually operate 24 hours per day, seven days per week, with one central number serving as a connection to all other services and information centers. In addition to this type of information, a number of hotlines also provide counseling or emotional support to distraught callers.

The City of Denver also has available an Elderly Housing Hotline which matches Denver's low-income elderly with suitable rental housing.

Elderly Housing Hotline **Denver, Colorado**
1980 population 491,396

Denver, Colorado provides a free community service helping the City's low-income elderly citizens find affordable housing. Trained hotline operators interview callers to determine their specific housing needs. The service is available to low-income citizens over 60 years of age who seek apartments which rent for $250 per month or less.

The Hotline idea was developed by a specially created "Think Tank Committee" formed by the Denver Board of Realtors, which included members from the Mayor's Office, the Colorado Department of Social Services, the Denver Planning Office, City Council, the Departments of HEW and HUD, the Colorado Apartment Association and the Administration on Aging.

Under the system, a list of available units is obtained from managers and apartment owners who inform the Hotline of vacancies. The list is then updated monthly with callbacks to the managers and owners. As calls come in from the elderly apartment seekers, personal information on the caller's needs are matched with apartment information on file, vacancies verified, and specific units recommended by the Hotline staff. Follow-up calls are later made to determine if individuals who sought assistance rented the recommended units. In addition to finding older people new housing, the Hotline has also been successful in providing referrals for moving assistance, locating security deposits and some counseling.

Funding for the program in 1981 was handled jointly by the Development Agency for the City of Denver, Community Development Block Grant funds and the Denver Board of Realtors. Plans for 1982 include expansion of the service into an adjoining suburban area.

Several cities offer another type of telephone service known as "lifelines" or "buddy systems." These types of programs usually involve volunteers who make daily or weekly reassurance calls to one or more frail, infirm or homebound elderly. These calls sometimes serve as a singular link to the outside world and can play a great part in mental well being.

Another type of "lifeline" service operating in approximately 150 cities is an electronic emergency response system installed within an elderly client's home. In case of emergency, an elderly person need only push a red button on a console attached to the phone or on a portable "beeper" to immediately summon help. In Boston activization of a home unit causes a signal to go off at the Lifeline Emergency Response Center located in Boston City Hospital. Nurses at the hospital will call the home and if they receive no answer will contact a pre-identified "First Responder" (usually a neighbor) to check on the client. Boston's Lifeline unit can also be passively activated if the client does not reset a timer each day.

Radio and Television

The mass media, radio and television, can prove extremely effective in reaching large numbers of people at short notice in times of emergency. They serve equally well, however, in conveying information on city programs, either through public service announcements, through the use of city staff as guests on radio talk-shows, or through locally sponsored television shows focusing on the area's elderly. In recent years, an increasing number of television stations are producing shows targeted to an elderly audience. In Pittsburgh, Pennsylvania, people over 65 write, direct and produce, each show, filmed at the senior center.

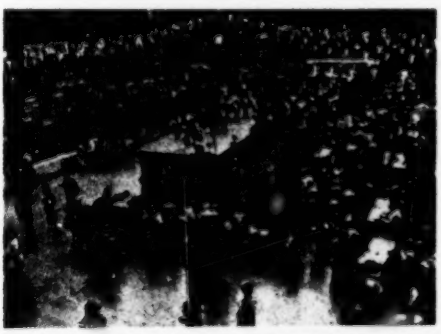
Anchorage sponsors a weekly television show, "Opportunities for Seniors."

The City of Jacksonville, Florida, utilizing area cable TV, has a program called "Yesterday, Today" of which the City owns the video-tapes. The main thrust of the program consists of interviews with the community's elderly who relate their experiences concerning the development of the nation and the Jacksonville region. The City intends to build a library of these video-tapes to serve as a permanent record of the achievements of the area's elderly.

In other cities, films or video-cassette tapes are made of learning seminars, lectures or other educational training presentations which can be shown in senior centers and loaned or rented to other cities or interested groups.

Information Seminars

A number of cities hold seminars on topics of interest to their older citizens, such as crime prevention, health maintenance, consumer problems or financial management. St. Louis County, Missouri, for example, has completed its second year of a series of six seminars dealing with aspects of retirement to help prepare those who have had no previous pre-retirement planning. Held once a month in a local community center, the two hour sessions ran from May through September and involved speakers from the metropolitan area who were known authorities in such areas as consumerism, legal matters, Medicare, health, social security and retirement activities. Topics for the programs were established by research with retirees to determine areas of concern and relevance.



At least 100 senior volunteers staff the informational and social services booths during the annual one-day Senior Showcase of Services, co-sponsored by the City of St. Petersburg and *The St. Petersburg Times*.

A local savings and loan company co-sponsored the seminars, participated in the financial management sessions and covered the entire costs of printing publicity flyers and program materials as well as speakers' awards. Local TV and radio personalities were chosen as moderators for the seminars, which added attention to the program.

The 1980 and 1981 series were open to anyone aged 60 or over and averaged over 150 participants per session. Because of the success of the program, plans are being formulated to accommodate pre-retirees aged 50 and over for 1982, and to hold sessions in the evening to allow greater participation by those still in the work force.

Legal Services

A program of Legal Services for the Elderly in the Mobile, Alabama area is the result of joint planning by the City and its Area Agency on Aging. Using funds from the Mobile Corporation and Title III of the Older Americans Act, the University of Alabama Law School contracts to provide legal, educational and outreach services to people aged 60 or over and their spouses.

Services available from the University on an individual client basis include information and referral, private counseling and representation at case reviews, appeals and administrative law hearings pertaining to public benefit and consumer issues. Community education is carried out by senior centers and other locations on a number of topics including Supplemental Security Income, weatherization and consumer information in addition to strictly legal matters. As a third leg of its activities, the University conducts an outreach program to seek out and identify isolated and homebound elderly in potential need of legal and advocacy services.

Handling Information

In addition to the function of informing the elderly of available services, cities are using their computerized information systems to aid in the development, planning and delivery of services to older people. Accurate assessments of the need for services can only be developed with accurate information. As the U.S. General Accounting Office reports:

> Currently, this information is spread piecemeal throughout federal, state, local, and private agencies. The result: Federal agencies have not evaluated the combined effort of these services, and in the absence of such information, assessing the impact of various laws on the lives of older people is difficult."

Cities have developed a variety of ways in which to pull together information they have collected on the elderly. In Manchester, New Hampshire, for example, all incoming calls to the information and referral services are individually logged, referencing both the nature of the call (health, income, transportation, housing, legal, etc.) and the home location of the caller. Different color pins are chosen for each subject, then placed on a large map of the City by census tract origin of the call. In this way, a visual picture is being made of the elderly's needs as distributed throughout the City's service area. This method has been found to be particularly useful in "getting the big picture" from many data bits, without the use of a computer.

Increasingly, though as the growing variety of funding sources, service providers and types of services mandates a more efficient, systemmatic manner in which to handle complex information. As a result, cities are turning to computers for data collection, storage and analysis.

In Kansas City, Missouri, for example, the Area Agency administers over 70 contracts for services ranging from pre-Medicare rehabilitation therapy to congregate meals, using funds from the Older Americans Act, Title XX and local contributions. To manage such a complex system effectively, the agency, Mid-America Regional Council, is developing three discreet but interrelated information systems to operate on a minicomputer.

When fully implemented in the Spring of 1982, the Service Management Information System will track services provided to clients, support invoice review and provide unduplicated cross-service counts. The Client Tracking System will support a special case management unit for the frail elderly in danger of institutionalization, while the third component, the Service Access Information System, will support the I&R function with online access to information concerning services, facilities, times of operation and other factors.

Funding for the systems has come from two sources: design funding from local philanthropic organizations, and implementation funding from local government resources.

With the large number of services, service providers and funding sources available within a given area, coordination and transfer of information and "information pooling" among all participants involved becomes paramount.

The lack of adequate information about what is provided and to whom is being compounded at the state and national levels. Though efforts have been made in the past to develop and disseminate information on the various programs in operation in localities around the nation, an on-going systematic method of local program information storage and retrieval has not yet been realized. Recently, however, several groups have begun to develop similar systems designed to centralize data on local aging programs and agencies.

The National Clearinghouse on Aging Service Center for Aging Information (SCAN) system has developed a Program Experience Exchange Data Base (PEEX) which stores material on aging-related model programs at the state or local level and allows for user exchanges and dissemination and information. The future of this information system is in doubt, however, as funding for the National Clearinghouse on the Aging has been eliminated by Congress.

With a slightly different focus, the National Association of State Units on Aging and the National Association of Area Agencies on Aging (NASUA/N4A) in conjunction with the University of Michigan are currently developing a "National Data Base on Aging" which will contain information on the make-up and functions of the various state and local agencies as well as service providers with whom they contract.

Footnotes

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[3] *Ibid.*, pp. III-2-3

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[5] *Ibid.*, p. VI-32.

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VI. Retirement Activities

"Too often, we become so entrenched in our concern about the urgent and very real necessity of providing funds for the basic —housing, food, fuel—that we tend to forget that older Americans have important needs in the areas of education, spiritual, and cultural enrichment."[1]

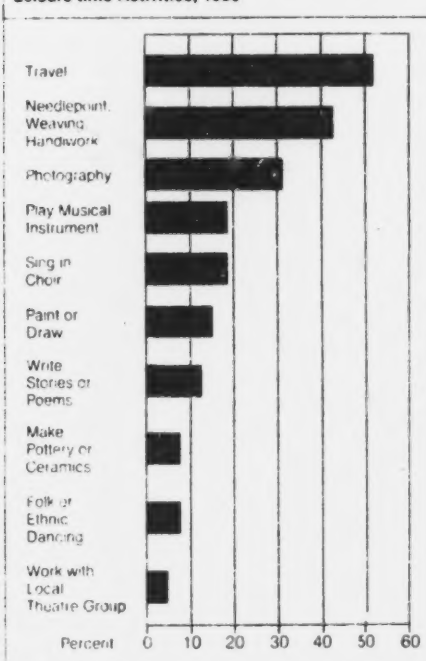
Because of the emphasis on making sure older people have enough to "get by" in our society, it is often easy to overlook the fact that people need more than simply survival, they also need a reason to continue to survive. The feeling of worthlessness that comes from lack of activity can have a serious impact on the physical and mental well being of the elderly.

Concern about leisure time activity is a relatively new phenomenon. In the past, for financial reasons, most people were forced to work as long as they were physically able; only the wealthy could look forward to retirement. However, dramatic increases in life expectancy coupled with the enactment of the Social Security program in 1935 made retirement an expected stage of life. Today's older Americans are pioneers in a sense—the first generation to deal with both the positive and negative aspects of abundant leisure time.

Little consideration had been given to the effect that large numbers of people with increased free time would have on individuals, families and on the community. Though the objective of freeing older people from the time constraints of work and providing them with time for leisure was largely achieved, there was limited recognition of the need for individuals to continue to be productive and contributing members of society.[2]

With proper planning, the retirement years can be a time for the development of new lifestyles, new achievements and new opportunities. The paths the elderly take to achieve these new directions are as diverse as the people themselves. A recent Louis Harris survey revealed a broad range of creative activities engaged in by people 65 and over.[3]

Percent of Persons 65 and Older Reporting Specific Leisure-time Activities, 1980



Source: Louis Harris and Associates, Aging in the Eighties: America in Transition

Second Careers

For some older people, the difficulty of living on a fixed budget in a time of high inflation denies them the satisfaction of retirement. More and more older Americans are returning to the workforce after their "retirement" to pursue second or even third careers, both in full and part-time positions.

Isabella Cannon was elected Mayor of Raleigh, North Carolina at the age of 73 after her "retirement" as a librarian.

Though the rate of unemployment among the elderly is lower than that of the population as a whole, estimates based upon studies of unemployment among older adults show that the number of workers over age 65 would more than double if the jobs were available.[4] In addition to the very real need of many older Americans for income supplement, surveys have shown that of those who are not working, 75 percent miss the feeling of being useful.[5] As discussed in the chapter on Economic Security, these employment opportunities may be in pursuing entirely new careers, developing new skills, or in gradually "phasing out" regular work experience. A number of cities have developed programs to provide training and retraining, to set up job banks and to make job referrals to achieve later-life careers.

Volunteerism

For a number of elderly who are not committed to an employment situation, a wide range of volunteer positions are available benefiting both the individual and the community. It has been estimated that almost 20 percent of the population over 65 are engaged in some form of volunteer work,[6] contributing an estimated $36 billion worth of labor annually.[7]

Volunteerism is more than unpaid labor. Volunteers view their contribution as an expression of caring for others and as more important than any monetary compensation. However, the utilization of older volunteers is not free. The city needs to pursue efforts to recruit, to train, to place, monitor and recognize the value of the older volunteer. To be effective, the volunteer needs to be given meaningful activities.

There are a number of national volunteer programs targeted to the elderly. Of particular importance are three ACTION administered programs. These are:

- **Foster Grandparent Program.** As foster grandparents, over 18,000 low-income persons aged 60 and over provide companionship and guidance to mentally, physically, or emotionally handicapped children in over 200 projects nationally.[8]
- **Retired Senior Volunteer Program (RSVP).** This program provides project grants to public and private non-profit organizations (including local governments) to develop a wide array of community volunteer service opportunities for people aged 60 and over. The latest national figures show RSVP including over 700 projects with nearly 300,000 older volunteers.[9]
- **Senior Champion Program.** Through this program, low-income people over age 60 provide care and companionship to other adults, especially the elderly.

City Programs

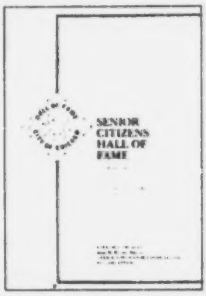
Each year the Alliance for Volunteerism, in association with the United States Conference of Mayors, honors selected cities throughout the nation for outstanding volunteer programs. The purpose of these awards is to recognize and promote creative linkages between cities and those who enhance local government through volunteer service. In 1981 the Mayors' Awards Program focused on older volunteers. Based upon effective use of the elderly as volunteers and volunteer programs which benefit the elderly, seven cities were chosen for the national awards: Anchorage, Alaska (advisors to city administration); Baltimore, Maryland (court volunteer program); Bellingham, Washington (crime prevention); Colorado Springs, Colorado (crime prevention); Cranston, Rhode Island (planning and advisory commissions); Highland Park, Illinois (employment service), and Jackson, Mississippi (Vial of Life program). Thirteen other cities received special recognition. (See Appendix A for brief description of programs.)

Baltimore Recognizes Older Volunteers

Baltimore's attitude toward its senior citizens as enunciated by Mayor William Donald Schaefer is a dedication to " assuring all older citizens that their contributions to the community over the years have been appreciated and remembered." This translates into a model city program for involving older citizens. A City published directory of "Services for Older Baltimoreans" describes both public and private programs for seniors. A partial list includes 16 senior centers, 65 golden age clubs, 80 congregate meal sites and 32 senior housing sites. The City co-sponsors a hospice with a private medical institution, operates a court volunteer program, and has had a Senior Power in Government Day for representatives of senior organizations to gain first hand knowledge of the workings of City government. The Mayor personally invites retired City employees to return to City work as volunteers.

Increased recognition is being given to the value of older volunteers in schools. In addition to tapping the knowledge, skills and experiences of older people, their involvement in schools enhances intergenerational contact. Many universities and community colleges now make use of older volunteers in a number of classroom settings. At the University of Maryland, for example, approximately 130 older volunteers serve in such postions as guest lecturers, lab assistants, academic/career advisors and tutors. In the local public school systems, the elderly often participate in classroom activities as teacher's assistants or to explain their profession or work experience. Many times, the elderly are called upon to relate an oral history of their life or events which took place many years ago. Exposure to this type of personal experience can be most beneficial to young students by helping to make history "come alive" and seem more relevant to their own lives.

The City of Chicago has a 21-year history of honoring outstanding older residents through its Senior Citizens Hall of Fame. Each year up to 25 Chicagoans over age 62 are inducted into the Hall for their contributions to the social, cultural, religious, economic, scientific or technological life of the City.



Nominations for the award are made by recognized agencies, business organizations and institutions or centers in the Chicago Metropolitan Area. Those chosen for induction receive a silver pin from the Mayor in recognition of their years of service to the City.

Education

Increasingly, older people are participating in educational programs during their retirement years, either through classes offered at senior centers or as full or part-time students at a growing number of universities and colleges offering courses to older Americans free of charge (either on campus or at a senior center). In fact, due to the decrease in the number of younger students attending college and the increase in the number of older students, a considerable "graying of the campus" has been occurring across the country over the past few years.

Educational programs for older adults include job-related training (sometimes in preparation for a second or third career) aswell as a variety of subjects that they simply want to explore. In addition, more and more colleges and universities are beginning to acknowledge the importance of the study of the process of aging and its effects on people and society and are intitiating gerontology classes and plograms within the fields of study offered.

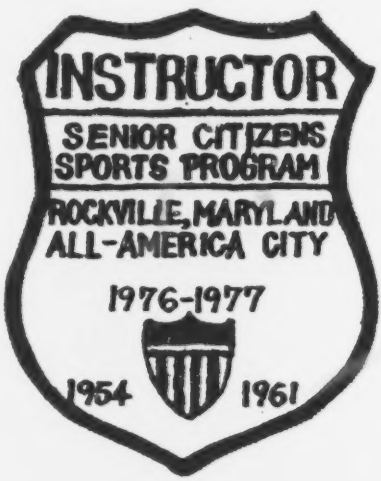
Recreation/Physical Fitness

The image of older people reclining passively in rocking chairs has been shattered in recent years, in part through the increased number of older participants in physical activities. Evidence of the increased importance of physical fitness to senior citizens can be seen by the growing numbers of participants in city programs and in the recognition of the important role physical fitness plays in maintaining good health. Where once little emphasis was devoted to older city residents' involvement in these programs, today many city departments of Parks and Recreation have on staff a unit devoted entirely to senior activities.

In many cities, the comprehensive programs available to serve the elderly evolved from earlier experiences with older participants in city recreation programs. In fact, as much as 15 percent of city aging offices are still structured within a department of Park and Recreation.[1] In other cities, community centers originally intended only for physical activity and arts and crafts have evolved into multi-service senior centers which provide a wide array of extensive support services in addition to educational lectures, classes in photography, dancing, bridge and a host of other physical and social activities.

The Seattle Senior Musicians Orchestra has been in existence since 1942

To promote fitness among their elderly citizens, a number of cities have developed competitive athletic programs which draw participants from neighboring regions and states. Indianapolis, Oakland and Sanford, Florida, for example, offer "Olympic Games" for people over 55 years of age. Participants in these events help to dispel some of the misconceptions about older people, as evidenced by the Sanford 1978 winning time in the 100-yard dash for men aged 66–70; 11.9 seconds! Both the Indianapolis Senior Olympics and the Sanford Golden Age Games offer non-physical events such as chess and card games in addition to the more strenuous activities usually associated with such competition.



In addition to the more competitive sports, senior centers offer a variety of fitness programs ranging from isometrics classes to folk, modern and square dancing. Anchorage, for example, offers an eight-week Active People Over Sixty program of flexibility exercises, walking and relaxation techniques, graduated for beginner, intermediate and advanced participants.

The Elder Artisans program provides Chicagoans, age 55 and over, with opportunities to earn added income and to participate socially with a group of peers at eleven Elder Artisans cooperative work groups throughout Chicago. Participants must have skills to produce articles of high quality. Selection of items to be sold under the Elder Artisans name is made by a committee of its Board of Directors. Every effort is made to refine participant design and craft skills to produce handcrafted items of heirloom quality.

Golden Age Games — **Sanford**
1980 population 21,000

Sanford is located in Central Florida 18 miles from Orlando. The City annually plays host to seniors from all parts of the United States and several foreign countries attending the Golden Age Games. First staged in 1975, the Games were created to provide an opportunity for men and women aged 55 and over to keep physically and mentally fit through competition, both athletic and mental.

The week long festivities accompanying the Games are patterned after the Olympics with an "Opening of the Ceremonies," lighting of the torch, awarding of "gold, silver and bronze" medals for top competitors in the events, and the Closing Ceremonies. Events include traditional sports such as the 100-yard dash, mile run, discus, broad jump, shotput and swimming, as well as such activities as billiards, bowling, dancing, golf, horseshoes, ping pong, tennis, checkers and bridge. In all, there were 26 different categories of events in the 1981 games with most of the activities held at the Civic Center.

Sponsorship for the 1981 Games was shared by the City of Sanford, the Greater Sanford Chamber of Commerce and by Post Cereals as part of their Fun 'n' Fitness program. Individual events were sponsored by local civic clubs, local organizations and businesses, including the American Red Cross, local bowling lanes, the Sanford City Recreation Department, a beauty salon, several restaurants and an insurance company. A local country club allowed the use of its golf course for the golf event. Advertisements from a variety of local merchants are contained in a souvenir booklet given to each participant. Contestants were required to pay a $1 entrance fee for each event they participated in.

Photo by Post Cereals.

The Games are the result of a combined effort of individuals, groups, organizations and city departments all working together to offer a special week in the lives of those who have retired from active work and wish to remain active recreationally. The Games also serve to spotlight the capabilities of older Americans, helping to dispel the stereotypes of the elderly as frail, weak, inactive or unenthusiastic.

Participation in the Games has grown sixfold over the years to the point where over 2,000 people took part in 1981.

Senior Citizens Community Garden — **Mountain View**
1980 population 58,655

Senior citizens in the area of Mountain View are able to take advantage of their warm Southern California climate by participating in the Community Garden Program. In the spring of 1980, the City provided over 13,000 square feet of land adjacent to the senior center to be used as garden plots for its senior citizens. One senior volunteer was chosen to act as coordinator for the land, keeping City Department of Recreation staff posted of needs such as fencing, rototilling, soil condition, repairs, etc. The land is divided into 52 six feet by twenty feet section which the senior volunteer assigns to participants (anyone 50 years of age and older who reside in Mountain View or the surrounding communities of Palo Alto, Los Altos and Sunnyvale). The participants, in turn, are responsible for planting, weeding, watering and harvesting their areas.

Funding for the program comes from a number of sources. The Food Bank, a local surplus food and gardening agency, assisted with preparing the soil, including tilling and fertilizing, to get the garden started. Community groups and local businesses donated seeds and fertilizers; manure and sawdust were offered by local farms. In May of 1980, the Senior Center "went public" with its funding drive by holding a walkathon which raised $600 for the purchase of tools, fencing and other supplies., The City of Mountain View provides in-kind services and the minimal upkeep costs.

The program has proven successful in its two years of existence. Originally having space for only 34 individual plots, the land space had to be expanded in the fall of 1981 due to popular demand. Additional activities have also developed as a result of the garden. Classes in canning and preserving the produce harvested from the garden are being held at the Senior Center and a new senior exercise course has been installed around the perimeter of the garden bringing even more of the elderly outdoors. Ideas for the future include the purchase of a food dehydrator to dry fruits and vegetables produced in the garden, and to expand the gardening idea to nearby senior housing projects. At little cost to the City, the program provides outdoor exercise, a creative outlet and social stimulation for its participants.

Travel

As shown by the Harris survey, travel is an important experience for a majority of retirees. In a time far different from their youth, today's elderly may travel from coast to coast by airplane in a matter of hours to visit places they have long wished to see, or children who have moved away. And now those who have time and the means to do it are finding enjoyment and sometimes a life fulfillment in travel.

In recognition of the large senior market, many travel agencies, airlines and railroads offer special rates to the elderly. Often, special rates may be obtained by traveling as a group. Most senior centers organize special trips for those who wish to travel, and may arrange for day, week or even month excursions. Traveling in such groups, the elderly have the opportunity to visit new places they might not otherwise have had the chance to see—as well as meet new people and start new friendships.

Political Activities

Politically, the elderly comprise a large and increasingly powerful group active in advocacy organizations and participating in other activities to make their voices heard. Senior power is being realized not only in terms of significant legislation which benefits the elderly, but also in electing candidates who support their positions, including a large number of older office holders.

The reasons for this influence are not solely demographic. Though those aged 65 and over account for only 15 percent of the voting age population, they are more likely to register and vote than other age groups. In the 1980 Presidential election, for example, people aged 55 and over cast one out of every three votes;[11] this fact is often overlooked by politicians at every level.

Though senior citizens form a large and potentially formidable voting block, they, like other groups, do not often speak with one united voice on the issues, either locally or nationally. In order to allow older people a greater voice and to learn from their wisdom, programs have been initiated in several states, including Missouri, Montana, Massachusetts, Florida and Oklahoma establishing a "senior legislature" which acts much like the regular state legislature. Though funding for such an event is considerable, the benefits from these legislatures more than outweigh their costs.

Silver Haired Legislature **Oklahoma**

The first Silver Haired Legislature (SHL) held in Oklahoma occurred November 3–5, 1981 after reviewing the success of similar programs in other states. The objectives of such assemblages are threefold: 1) to serve as a forum in which older Americans can come to an agreement about the issues which they perceive as representing their needs and concerns; 2) to serve as a vehicle for informing the citizens of the state and its legislature of these issues; and 3) to provide older people with a better understanding of the legislative process and the complexities encountered by legislators in the decision-making process so that they may gain a more effective voice in future deliberations.

Though the actual SHL session in Oklahoma was held over only a three-day period, the preparation time and continued commitment required by participants is a year-long task. The qualifications to run for office in the SHL are that the applicant must be at least 60 years of age and a resident and registered voter of the district from which he or she is to be elected. Nominations were secured by obtaining at least 25 signatures of residents aged 60 and over by the end of July. After a short campaign an election was held in mid-August. Those elected were sent a package of materials to familiarize them with the legislative process and were required to attend a special two-day training session.

Proposed bills were drafted and sent to the elected delegates a month prior to the session to ensure that they would be familiar with the subject matter before convening in Oklahoma City.

Unlike senior legislatures in some other states, the Oklahoma SHL was bicameral. Two Senators were elected from each of the State's eleven Area Agency on Aging districts, while 44 Representatives were portioned among the AAA districts according to population.

Funding for the 1981 Oklahoma Silver Haired Legislature came from several statewide sponsors: the Oklahoma State Legislature, Senior Advocates, the Oklahoma Alliance on Aging and the Oklahoma Department of Human Services Special Unit on Aging. Delegates to the SHL were paid for their transportation to Oklahoma City, meals and hotel expenses, and transportation to and from the Capitol Building.

Following the three-day session the deliberations of the body are made available to the state legislature, and the delegates to the Silver Haired Legislature are expected to follow through as advocates to senior legislation dur-

ing the 1982 session. In addition to the obvious benefits to the delegates who actually participate in the SHL, other goals of the program include an increased level of participation and involvement by retired professionals, and stimulation of community organizations to become involved with groups of older adults.

Cities can also draw benefits from the experience and concerns of their older citizens. Cities such as Anchorage and Northglenn, Colorado, for example, have established Senior Citizens Advisory Councils to recommend policies to elected or administrative officials on issues which affect the elderly. The "Mayor's Older Buddies" (MOB) programs in Peoria and Jacksonville organize volunteers within their respective cities. In these cities, delegates from various senior groups meet once a year to decide priority projects for the coming year and how these may best be implemented.

Footnotes

[1] U.S. House of Representatives, *The Arts and Older Americans*, hearings, February 1980, p. 5.

[2] Keller, John, "Generations," *Journal of the Western Gerontological Society*, Summer 1981, p. 5.

[3] 1981 White House Conference on Aging, *Chartbook on Aging in America*, 1981, p. 139.

[4] U.S. Conference of Mayors, *Serving the Urban Elderly: Alternatives to Passive Retirement*, May 1979, p. 9.

[5] _____, "Louis Harris Predicts Era of Elder Power," ELDERWORKS, December 1978.

[6] Pepper, Claude, "Senior Volunteers: Alive and Well in the 80's," *Generations, the Journal of the Western Gerontological Society*, Summer 1981, p. 7.

[7] Hutton, William R., "Volunteers: Unaffordable Luxury for the Elderly," *Generations, the Journal of the Western Gerontological Society*, Summer 1981, p. 13.

[8] ACTION, "Older American Volunteer Programs Fact Sheet," ACTION News, September, 1981.

[9] U.S. Congress, Senate Special Committee on Aging, *Developments in Aging: 1980, Part 1*, pp. 143–44.

[10] U.S. Conference of Mayors, *Administering Aging Programs: Directory of City Aging Offices*, 1981, p. v.

[11] 1981 White House Conference on Aging, *Chartbook on Aging in America, 1981, p. 126.*

VII. Senior Centers: A Community Focal Point

"A reason for being" was part of the appreciation given to describe the value of a senior center to an older family member . . . (t)he center (was) an environment where my mother was nourished both physically and intellectually, where she received love and friendship, support and honor . . .

daughter of a recently deceased center participant[1]

In countless communities throughout the country increased recognition is being given to the value and importance of multipurpose senior centers as that "home away from home," "community focal point" or "one-stop-shop," which responds to many of the needs and interests of older individuals. The rapid development of senior centers in recent years has become an American success story. An estimated 8,000 senior centers are now in operation in nearly every city and community, serving approximately one-quarter of the nation's older persons.[2]

While there are many common purposes and themes among these centers, each is unique in adapting to the needs of its participants. Each community develops services and programs which reflect local differences, experiences, cultures and conditions, and the type and comprehensiveness of services offered by senior centers also reflect this. Centers differ from each other in facility, design, activities, management systems and funding.

Senior centers originated in New York City in the 1940s under the City Department of Welfare as a program primarily to serve low income elderly. However, many centers began as private operations, sponsored by a church or community agency or as part of other city programs, including housing or recreation. Gradually, the concept evolved to integrate a broad spectrum of services and activities and volunteer opportunities, such as nutrition, legal assistance, education, counseling, health services, employment, creative art and physical fitness, under one roof or as part of a network of services. Today, many senior centers constitute a community "show piece" as a visible evidence (similar to a church or school) of the community's concern for its older residents.

> A senior center is a community focal point on aging where older persons as individuals or in groups come together for services and activities which enhance their dignity, support their independence and encourage their involvement in and with the community.[3]

Senior Facilities: Differences in Local Development

The design, location, size and furnishings of the senior center facility vary greatly as each community develops a suitable environment to accommodate activ-

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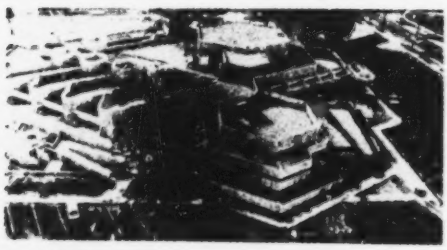
ities of its elderly participants. Whether the facility is a simple storefront center in the downtown business district or shopping center; a room or space within a church, housing complex, school, or community agency; or a specifically built or renovated building or complex for use as a senior center, suitable access, space and aesthetics are essential to program operations.

To ensure adequate design and development of the facility and furnishings a number of cities have created various senior center task forces, advisory councils, and public forums to seek active input from and involvement by the elderly from conception through program operations. The City of Jacksonville, for example, involved over 500 people who served on various committees throughout the six-year development period of their $2.5 million multipurpose Senior Citizens Center.

New Comprehensive Facility — **Jacksonville 1980 population 540,898**

In February 1980, the City of Jacksonville began operating of one of the nation's largest and most comprehensive senior centers. The brain child of the former director of the Mayor's Commission on Aging, this center was built primarily through a $2.1 million grant from the Economic Development Administration. The one-story, barrier free facility is located on a four-acre tract in the City's urban renewal area. The 34,000 square foot concrete facility has large windows and skylights, seven conference rooms, four large door less classrooms, recreation area, dining room, small home-style kitchen, auditorium, library, storage area, audio-visual center and extensive outdoor facilities for physical fitness and recreational activities, including running track and miniature golf.

To ensure easy access for the possible 800 daily participants, the facility is regularly serviced by city bus, has a large parking area, wheelchair and bike ramps and is located within a mile of nearly 7,200 elderly.



Senior Centers

The City administers the center through the Department of Human Services Community Services Division with advice and input from various elderly advisory councils. To generate funds for the center's operations and programs, the City established an independent Foundation for the Aged, with a membership consisting of 30 leading citizens including representatives of the Mayor, city elected and appointed officials, the elderly, education, medical profession, business and corporate sectors.

A number of cities are renovating facilities for use as senior centers. Because of demographic shifts, resulting in fewer school age children, many cities are utilizing excess school buildings. Likewise, a number of cities are "recycling" buildings by renovating them for use as senior centers. For instance, the City of Long Beach renovated, in the late 1970s, a 51,000 square foot former telephone facility located in an area of high elderly population into a $1.6 million multipurpose senior center which now serves as a comprehensive community focal point to an estimated 150,000 elderly yearly. The City of Lakewood, Ohio converted a former burnt-out, downtown restaurant into a senior center, which also includes four apartments for senior housing. A number of cities, such as Highland Park, Illinois and Wilmington, Delaware have converted large elegant, historic houses into senior centers. Other cities have used excess public

Highland Park, Illinois, Senior Center

facilities such as a pump house (in Rockville, Maryland), an historic memorial hall (in Parma, Ohio) and a post office (in Iowa City) for senior centers. In Wheeling, West Virginia a senior center which initially shared space with other service agencies in a former hospital took advantage of a vacant downtown store-front facility.

Downtown Revitalization — **Wheeling 1980 population 43,070**

When a large department store vacated the downtown for space in a new shopping center, a number of actions were initiated to assist not only the urban elderly, but also to help stimulate economic restoration in the downtown business district.

Senior Services, a division of a non-profit agency, the Children and Family Services Association, joined eight

other agencies in establishing a new non-profit corporation, Human Resources, Inc., for the purpose of acquiring, developing and operating the new facility. The Human Services Center is located in the central business district, a senior high rise and a YMCA are located across the street.

To raise the necessary $1 million capital fund ($450,000 building acquisition and $535,000 renovation), the Human Resources, Inc., received from the City of Wheeling $120,000 in Revenue Sharing and $75,000 of Community Development Block Grants; another $250,000 came from the State's Partnership Funds; and a loan of $150,000 was negotiated. The balance is being raised from private contributions. Through various fund raising activities, the Human Resources Center established a "Positive Action Fund" and is actively seeking tax deductible individual, foundation and private sector contributions during a 36-month pledge period that ends September 1984.

The Senior Services occupies the entire lower level of the 4-story facility and the second floor is divided among other service agencies (United Way, Visiting Nurses, American Cancer Association, Human Resource Development Foundation (manpower), Girl Scouts, Head Start, Multiple Sclerosis, Information and Referral, and Children and Family Services Association). The ground floor will be rented out to private commercial tenants.

In addition to benefitting the elderly, and promoting coordination among agencies, this public-private venture will give an economic boost to downtown Wheeling by providing 200 jobs, with payrolls exceeding $2.5 million, and attracting at least 400 daily center participants.

Developing and Coordinating Services

In programs across the nation, there seems to be no consistent formula for success. Local conditions, experiences, and resources, as well as efforts by government and private agencies and the driving force of a few dedicated individuals have created a variety of successful senior center programs. Each community develops it own senior center program and capacity, depending on local needs, resources and determination.

Programs generally include nutrition, educational activities, arts and crafts, counseling, health services, information and referral, physical fitness and dancing, employment and housing assistance, outreach and access services, and transportation. Most centers have extensive recreational programs, including orchestra and bands, travel and physical fitness programs. Many sponsor newsletters, calendars of events, provide fund raising and extensive volunteer opportunities, and offer opportunities for involvement in and with the community. Many center programs are essentially self-supported by these events.

Yet, many varied innovative programs exist:

- In Westminister, California, a major focus of the center is providing assistance for the visually impaired elderly.
- In Mattoon, Illinois, the elderly participate in an aluminum can recycling program which provides funds for center operations;
- Phoenix has a peer counseling and training program, and
- Las Vegas has a pet-a-pet program to stimulate contact between nursing home residents and young children and animals.

The National Institute of Senior Centers (NISC) of the National Council on the Aging has categorized components of a senior center program as follows:

Program Component	Purpose	Possible Examples
Group services and activities	Offers opportunities for new relationships and peer support, over and above specific content of the service or activity	Recreation, educational classes, congregate meals, mutual support groups (e.g., stroke club, widow-to-widow)
Self-development opportunities	Offers chance to enhance and utilize one's own resources and skills and builds self-esteem	Learning new skills and new roles, developing leadership capabilities through participant government or social action activities
Linking services	Facilitates access access to needed assistance	Information and referral, transportation, escort, personal advocacy
Individual services	Makes multiple types of assistance available in a single community setting	Counseling, health screening, legal assistance, in-home services, day care, etc.

Source: "The Senior Center: A Partnership in the Community Care System," National Council on the Aging, 1981.

Coordination

A key to the success of senior center programs is the ability of the center to identify and link with the other appropriate agencies in the community. Multipurpose senior centers often serve as the focal point within a particular community or section of the city for coordination and delivery of a wide range of services offered by the center and other public and private agencies. A few cities, such as Baltimore, have at least one major comprehensive multipurpose center that while serving its

own community also coordinates the services of numerous satellite centers in various neighborhoods throughout the city.

In Baltimore, the comprehensive Waxter Senior Center has been in operation since 1973 and is often regarded as the forerunner (the "grandmother") of the modern comprehensive city senior centers. The Center provides services for the nearly 600 daily participants in its modern three-story building, and also serves as a catalyst to stimulate development of services in neighborhood centers. The director of the center participates as an active member of a city-wide association of directors of senior centers. The 15-member association meets monthly to coordinate activities and exchange information on program operations. The other directors represent public and private agencies with senior centers which are part of housing complexes, store front centers, church and community centers, as well as at least four other multipurpose senior centers, one of which has its own satellite sites. The Waxter Center is administered by the Commission on Aging and Retirement Activity, a cabinet level agency which also administers the Area Agency on Aging.

In Columbus, Ohio, the city has constructed and operates six senior centers as part of housing complexes. The Columbus Recreation and Parks Department, designated as the Area Agency on Aging, has contracted for the use of these facilities with the Metropolitan Housing Authority, and has expanded services to include nutrition, health assessment, outreach and legal programs. Through close coordination between these organizations that own the facilities and those that operate the programs, Columbus can provide a maximum of services to residents of the housing complexes and to the elderly in surrounding neighborhoods. The Columbus Recreation and Parks Department also operates a newly constructed state senior citizens center.

By comparison, in Cleveland, 18 Golden Age Centers are managed by a private, non-profit agency that provides services to centers located in senior high-rise apartment buildings of the Cuyahoga Metropolitan Housing Authority. An additional elderly 202 facility has a senior center sponsored by a local Jaycees which provide a range of services.

Role of the City

The degree of involvement of Mayors and local governments with senior centers varies dramatically among cities. In some, the senior centers are operated by the private sector with limited city involvement; in others, the city funds, maintains and administers the senior center programs. Generally, most cities have evolved a collaborative partnership approach between the city and private agencies. Typically, the city is active in establishing the facility while other private and public agencies actually maintain and operate the center's programs. While a few cities have utilized city general funds for construction or renovation, most have used other funding sources, such as the city's share of federal Community Development Block Grants, Revenue Sharing, Older Americans Act and economic development funds, as well as state monies. A few cities, such as Baltimore, Manitowoc, Wisconsin, and Albuquerque, have raised funds for centers through municipal bonds or special tax levies.

Often, the city acquires the facility, such as a former school site in Kettering, Ohio, and leases the facility at nominal or no cost to a private agency. In Fort Worth, Texas, the city charges minimal rent for multipurpose centers; in Naperville, Illinois, the city leases the building to a center for $1 per year; and in Boise, Idaho, the city has given administrative and maintenance responsibility for the center to a private non-profit corporation established by the city for that purpose.

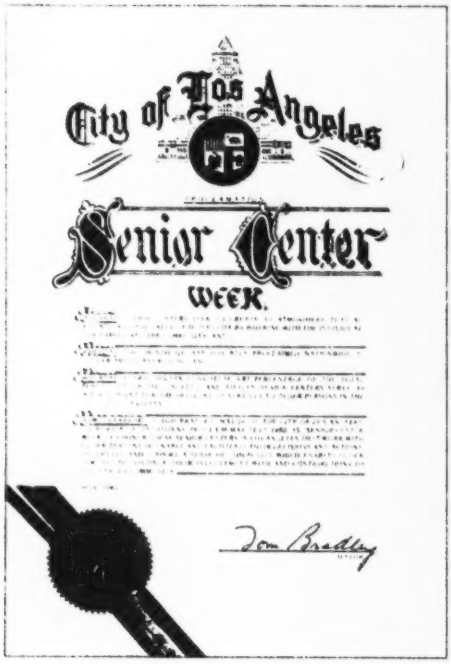
Neighborhood Centers **Albuquerque**
1980 population 331,767

At present there are four senior multiservice centers which are a minimum of 10,000 square feet or larger, each costing between $600,000 and $1 million to build. The oldest is six years old and the newest was opened in October, 1980. Each center has an operating budget of approximately $125,000 and has a Center Director, a Program Coordinator, four-part recreation aides, a janitor and one or two cooks.

The centers are located strategically in each quadrant of the city where there is a high concentration of senior citizens. In the October, 1981 bond issue, money was approved by the voters for a new senior multiservice center in the far northeast heights of Albuquerque. Approximately $100,000 was approved for planning and to develop a mechanism to raise private funds for center operation. A Senior Aid Foundation was established in December, 1980 as a separate fund to attract private contributions from individuals, corporations, foundations, and the community at large. The Board of Directors of the new foundation includes medical doctors, lawyers, banks, real estate firms and senior citizens. The foundation is seeking tax-deductible contributions from the community at large for the center. It is the goal of the city of have most center programs self-sufficient.

Emerging Recognition

Recognizing the valuable contribution of senior centers, Mayors have been active in efforts to generate community support for senior centers. Many Mayors have been instrumental in issuing local proclamations, and have joined others in promoting national recognition of the importance of senior centers to both the elderly and the community.


City of Los Angeles

Senior Center

WEEK

Tom Bradley

To recognize and honor the valuable contribution of senior centers to older persons and the entire community, Mayors of cities of all sizes have worked with their city councils in issuing local proclamations. While the Mayoral proclamations differ in appearance, emphasis and language, they share the theme that senior centers serve as community focal points and significantly contribute to the enrichment and involvement of the community's older residents.

Footnotes

[1] National Institute of Senior Centers, *Senior Center Report*, Washington, D.C.

[2] National Council on the Aging (NCOA), *Report of State Support for Senior Centers*, Washington, DC, (to be published in 1982).

[3] National Council on the Aging, *Senior Center Standards*, Washington ,DC, p. 15.

VIII. Transportation

Transportation is essential in an urban society, serving as a vital link between an individual and the community. Without the ability to make use of some mode of transportation (automobile, bus, taxi, subway or even walking), a person may become physically isolated from the outside world, dependent upon others for his or her needs. This can be particularly true for older people. Services which might be essential to an older person in retaining independence become meaningless if they are inaccessible. This fact was recognized by a 1981 White House Conference on Aging recommendation that transportation either in the form of assisted trips or in support of home delivered services should be provided in order to prevent or delay premature institutionalization of older people.

For the older person, there are three important considerations in making a transportation system more effective:

- mobility—there must be a suitable mode of transportation for the older person to get to and from a desired destination or for goods and services to get to the older person;
- accessibility—the older person must be able physically to use the transportation systems that exists; and
- affordability—prices for transportation must not be so high as to prohibit usage.

Over the past thirty years the transportation system of this country has been altered dramatically in ways which have been both beneficial and harmful to the urban elderly. Highway construction and automobile ownership prompted movement of both people and services to the suburbs and outer edges of cities. This migration contributed to a decline in the number of neighborhood markets and services in favor of regional shopping centers located on the outskirts of a metropolitan area generally inaccessable to the urban elderly. This outward spread of business from the central city necessitated the use of the automobile as the most effective mode of transportation. As suburbs grew up surrounding the city, a complex system of roads and highways was created linking people and business by car. Today, some 90 percent of all urban trips are by car.[1]

While many elderly rely on the auto alone for their transportation needs, nearly half do not. This is particularly true for the current generation of elderly which contains a large number of widows who did not learn to drive when they were younger. Federal Highway Administration figures show that 46.8 percent of people aged 70 and over are not licensed to drive.[2] For those who are licensed, the soaring cost of car maintenance and gasoline prices are eating away at the household budget, making the automobile a luxury item. Also, due to failing health, eyesight and hearing, driving in the central city can be both difficult and dangerous for the elderly driver and pedestrian because of the noise, lights and traffic congestion.

The nearly half of the elderly who do not drive find they must rely on some form of public transportation or on friends for their personal travel. In fact, national figures show that of all age groups, the elderly are the most dependent on mass transportation, comprising a disproportionate share of the total ridership of most transit systems, yet they often find that the regular mass transit system does not meet their needs.

Public Transit Systems

Use of public transportation peaked in the United States shortly after World War II with a ridership of approximately 19 billion, but declined in years following until a low of 5.5 billion passengers was reached in 1973. The energy crisis has caused renewed interest in public transit, bringing the 1980 total to more than 6 billion passengers, a figure still less than half its former level.[4]

Public transit problems for the elderly are several. In most locales, public transit was originally designed for the work force: fixed routes are generally directed toward the central business district and provide greatest service during peak rush hours. As a result of this line configuration, many of the elderly find the inconvenience and difficulty of waiting to transfer from one bus line to another more trouble than the trip is worth. A recent survey of the elderly and handicapped in New York City found that:

> many (elderly and handicapped people) find these systems inaccessible, uncomfortable or inconvenient to use. Many perceive these systems as not safe for travel because of fear of physical harm that might result from a fall or from personal assault from would-be muggers. Others find the system too costly to use.[5]

For the frail elderly, even transportation systems that are accessible are meaningless if provisions are not made for physical handicaps. According to a 1973 study by the Urban Mass Transportation Administration (UMTA), one-third of all senior citizens require special transportation, accounting for one-half of the 13 million transportation handicapped Americans.[6] While a number of localities have established programs to provide specially equipped vans for the handicapped and elderly, the major initiative to provide handicap-accessible transportation came as a result of federal legislation, particularly Section 504 of the Rehabilitation Act of 1973. This federal law requires that all programs which receive federal funding must be handicap-accessible. While this has stimulated such alterations as cuts in curbs, ramps to buildings and the installation of elevators, it has had its most profound impact on local transportation systems.

Section 504: Evolution of a Federal Mandate

No otherwise qualified handicapped individual in the United States ... shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

—Section 504, Rehabilitation Act of 1973

In response to Section 504 of the Rehabilitation Act of 1973 (PL 93-112), Congress included in the fiscal year 1975 Department of Transportation Appropriations Act language ensuring that all purchases of transportation systems and facilities using federal monies be designed to meet the needs of the elderly and handicapped. The Department of Transportation (DOT) issued regulations in 1979 on the 504 accessibility question which required that all rail service stations and cars must be physically accessible by 1990. The regulations also stipulated that one half of all buses operating in peak periods be equipped with "level changing features" by 1983. Until local transit systems reached that point, the regulations required them to provide appropriate services to the elderly and handicapped.

The cost of implementing regulations calling for full accessibility to bus and rail systems could exceed $5 billion, as estimated by local transit agencies.[7]

In 1980 measures were introduced in the House and Senate to permit a local option on the accessibility question whereby local authorities would be allowed to develop alternative service plans for the elderly and handicapped rather than the previously mandated conversion of buses. Although final passage of these bills was stymied by a filibuster, the Department of Transportation FY81 Appropriations Act (PL 96-400) did contain two general provisions limiting DOT's authority to enforce the accessibility regulations.

A 1981 U.S. Court of Appeals decision viewed the 1979 regulations as exceeding the authority provided by Section 504.[8] Accordingly, DOT issued interim final regulations July 20, 1981 which deleted the section requiring that mass transit systems be made accessible to the handicapped. These regulations added a new section, however, which required operators receiving DOT assistance to certify that they were making "special efforts" to provide transportation that the handicapped and elderly could use.[9]

The 1970s proved to be a decade of improvement in public awareness of the transportation issues of the elderly relating to mobility, accessibility and affordability. Though the transportation difficulties the urban elderly face have by no means been totally solved or eliminated, progress since the late 1960s has been substantial.

Accessibility **Boston**
1980 population 562,994

The Mayor's Commission on the Physically Handicapped in Boston, Massachusetts has published a special 200 page guide to the City for disabled people. The guide, "Access to Boston," is organized by neighborhood and contains 13 fold out maps designed to show details of special importance to the handicapped such as curb cuts and parking facilities. Opposite each map is a listing of the restaurants, drug stores, optical services stores, night spots, hotels, movie theaters and museums located in the area. Each locale listed is treated fully in the following text, describing available parking, door and elevator widths, steps, the slope of ramps, height of restroom fixtures, etc. Storage of information for the guide was done on word processing and typesetting equipment to reduce the cost of updating the material.

The "Access to Boston" guide is the product of collaboration among 12 agencies, including the National Parks Service, Boston University, Boston's Public Facilities Department, and the Information Center for Individuals with Disabilities.

Federal Response to Elderly Needs

Federal response to the transportation needs of the elderly has come from a variety of programs. In addition to the promotion of private and public transportation systems which serve the general public, the federal government has taken both legislative and administrative actions recognizing the elderly's accessibility, affordability and mobility concerns.

- **National Policy.** Federal legislative recognition of the elderly's special problems first took form in the 1970 amendments to the Urban Mass Transportation Act. Language contained in this Act deliniated a national policy to reflect the rights of the handicapped and elderly to use mass transit and calling for "special efforts" in the planning and design of facilities and services to meet this need.
- **Paratransit.** Section 16(b)(2) of the Urban Mass Transportation Act addresses both the mobility and accessibility by providing funds to non-profit agencies for the purchase of paratransit vehicles, most often vans equipped to carry 10-16 passengers.[10] These vans or small buses are often used in Dial-A-Ride or other demand-response programs which most often offer door-to-door service to a limited number of destinations (usually to a nutrition site, doctor or senior center) and special accommodations for the transportation handicapped. While this capital assistance program has provided an important link in the transportation needs of the elderly, many communities are experiencing difficulty in maintaining the services due to the lack of sufficient operating funds (which represent about 80 percent of the system cost) as well as a lack of effective coordination with other service providers and transit systems in the community.
- **Accessibility.** As discussed above, administrative initiatives concerning the accessibility question have stemmed primarily from the Department of Transportation's regulations in response to Section 504.
- **Reduced Fare.** Amendments in 1974 to the Mass Transportation Act required local operators of public transportation systems to offer half-price fares to the elderly during off-peak hours in order to quality for Department of Transportation funds. Through this national policy to increase the affordability of transportation to the elderly, local transportation authorities are required to absorb the cost of this federal mandated policy. A 1978 study conducted by the U.S. Conference of Mayors revealed that many cities have gone beyond the federal requirements by either increasing the amount of discount to the elderly (including free passage) or extending the hours of service operation.[11]
- **Specialized Programs.** In addition to the federal programs administered through the Department of Transportation, the 1973 amendments to the Older Americans Act (PL 93-29) broadened the Administration on Aging's mandate to include the development of low-cost transportation programs designed to facilitate the elderly's access to social services and/or nutrition services. Locally funded through Area Agencies on Aging under Title III of the Older Americans Act, these programs have proliferated to the extent that a recent study estimates that there are nearly 3,200 separate transportation projects funded by the Act.[12]
- **Coordination.** There is an emerging recognition of the need to develop more effective coordination among these transportation systems with the community social services agencies. A resolution passed by the 1981 White House Conference on Aging called for "the coordination and consolidation where feasible, of the existing 130 federal programs for the elderly and handicapped and the 114 federally financed transportation programs." The Administration on Aging (AoA) has signed a Memorandum of Agreement with DOT to promote greater coordination with transportation programs for the elderly.

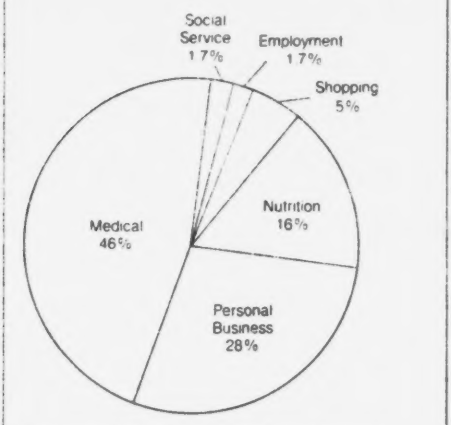
Local Initiatives

At the local level, transportation programs intended to benefit the elderly vary widely from city to city. Even within communities a number of different systems may operate simultaneously, due in part to the number of funding sources for these programs as well as the use for which they are intended.

Paratransit

To supplement their mass transit systems for the general public, most cities offer various forms of paratransit or specialized transit services for their elderly residents. These programs are generally operated by nonprofit community agencies using a variety of funding sources, including the UMTA 16(b)(2) program, Older Americans Act, and Social Services Block Grant (Title XX) funds. These systems vary from city to city depending upon local need and may be scheduled or unscheduled; travel along semi-fixed routes, interface with a larger transit system, or deliver people door-to-door; charge a nominal fare or be entirely free. These programs seem to work particularly well in small cities or in well-defined areas of larger cites. The priorities which they address vary greatly as evidenced by data obtained by the Institute of Public Administration.

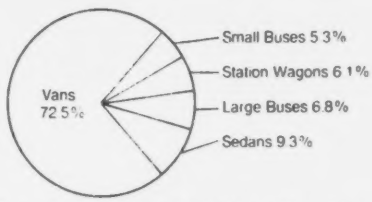
Priority Functions of Paratransit



Source: Institute of Public Administration Telephone Survey of 60 Transportation Providers, March 1980

A paratransit system, or form of motor transportation with characteristics between fixed-route and fixed-schedule transit services and the private auto, falls into three main categories: a) hail or phone services, b) hire and drive services, and c) prearranged ride-sharing.[13] In providing paratransit services for their elderly, most cities rely on the first category, hail or phone services, though a number of different vehicle-types are employed. A survey by the Institute of Public Administration of 60 local operators reveals the following breakdown of the types of vehicles used as alternatives to fixed-route systems:

Types of Vehicles



Source: Institute of Public Administration Telephone Survey of 60 Transportation Providers, March 1980

Vans

Vans are frequently used by cities for programs such as senior shuttle buses or dial-a-ride services. These vans are generally specially equipped to meet the needs of the elderly or the disabled with low entrance steps, handholds, wide aisles and special loading for wheelchairs. Vans offer a comprise between capacity at low cost and reasonable availability and comfort and acessibility for elderly passengers. In addition, those cities which rely heavily on volunteers find that vans are easy to operate and require less special training for drivers than do larger vehicles.

One drawback to van usage is its lack of durability. Because they are not designed or built for the stop and go traffic conditions of an urban bus, maintenance costs can be considerable. Additionally, those cities which have in the past relied on CETA workers as van drivers, maintenance workers and/or program administrators may have to secure alternative funding or rely more heavily on volunteers in the future due to the phaseout of the CETA program. This may cause a problem as the cost of insuring volunteers has been high.

Taxis

Taxicabs provide a type of service particularly well-suited to the elderly—door-to-door pickup and delivery with minimal difficulty for the non-handicapped in boarding or exiting from the cab. Taxis have the additional advantage of being a system already in place. One recent estimate indicated that approximately 2,000 communities are served *solely* by taxis.[14] One drawback that remains, however, is the relatively high fares charged passengers. As many as 80 percent of handicapped individuals who

could use taxis are reluctant to do so because of high fares.[1] Several methods are currently being used to induce cab companies to lower fares for the elderly.

Options For Taxi Fare Reduction[2]

- **Fare increase for other riders.** Since the elderly comprise only a fraction of total ridership, any increase in fares to the general public results in higher percentage decreases in the cost to the elderly. For example, if the under 65 age group makes up 85 percent of taxi ridership in a city, a ten percent increase in fares for the general public would yield a 57 percent subsidy for the elderly.
- **Shared ride.** By allowing more than one fare per cab to be transported simultaneously, vehicle productivity is increased. The cost savings resulting from this increase in productivity could be used to reduce elderly fares. For example, a productivity change from 2.5 to 3 persons per vehicle hour could result in an elderly fare deduction of 67 percent, if the elderly comprise 25 percent of the taxicab patronage. (This method is easier to implement in a zone-collection system than in a metered system).
- **Equipment subsidy.** Using funds such as Urban Mass Transportation Act Section 5 funds, a city can purchase cab equipment if service is shared-ride. UMTA requires a seven percent match, which could be worked out with the local cab company. Excess taxi fare generated by an expanded fleet could then be directed toward a subsidy for elderly fares.
- **Direct subsidy.** With this plan, the city sells transportation tickets to the elderly at less than face value. This user subsidy has advantages over a provider subsidy in that it requires no complicated or cumbersome signed voucher system. If the service is provided on a shared-ride basis, half of the subsidy funds are available from UMTA.

Subsidized Taxi Program — **Highland Park 1980 population 30,611**

Highland Park, Illinois is a city which has found an answer to its transportation problems through the use of private taxicab companies to supplement other forms of transportation.

As part of the metropolitan area of Chicago, Highland Park residents over 65 years of age enjoy the benefits of the Regional Transportation Authority (RTA) which offers a discount card to senior citizens allowing them to ride for half-fare on bus, railroad and mass transit lines in a number of cities. For its own local cab and bus programs, Highland Park uses the RTA discount card and attaches a stamp which documents residency. This not only cuts down on the costs of identifying participants, but also reduces confusion among participants which could arise if different forms of ID were required to ride the various modes of transit available in different local jurisdictions.

Due to the nature of fixed route systems, however, this type of access does not necessarily ensure adequate transportation for the elderly, especially in lower density areas. Highland Park has found subsidized taxi rides to be much more efficient and cost effective in meeting the transportation needs of its elderly citizens.

Begun in March of 1977, the cab program has grown from an initial 117 rides per month to almost 1,000 per month in 1980. Unlike bus service, this "system" offers door-to-door service 24 hours a day, every day of the year.

Designed and initiated by the Highland Park Department of Senior Services, the program subsidizes fares for those over 65 traveling by any one of the three taxicab companies which operate in the City. Using the RTA identification cards, passengers are required to pay the first 50 cents of the fare while the City and township reimburse companies for the remainder. Since cab rates are determined by both distance and time, seniors are encouraged not to travel during peak hours or when weather conditions impede traffic. The annual costs of the program is approximately $16,000 (less than half that estimated for an equivalent dial-a-bus sytem), which is paid by general revenue sharing funds.

Strict records are kept of ridership to ensure proper payment. Upon entering the cab, the rider gives an RTA ID card to the driver who enters the pass number on his or her senior citizens log sheet which must be signed by the passenger. The log sheet is later used to compute the portion of the fare for which the driver will be reimbursed.

In addition to better serving the City's elderly, Highland Park's Director of Senior Services notes that the discount program has brought cab companies into areas that did not previously have taxi service.

In addition to the cab service, the City also offers a Senior Center Mini-Bus service free of charge to its senior citizens. The Mini-Bus, which operates Monday through Friday, serves as a connector route for the Senior Center and makes scheduled stops at the recreation center, senior housing projects, the City bus depot, the local hospital, and, upon request, at a local grocery store. The bus drivers are hired on a part-time basis and are mostly senior citizens. Vehicle maintenance is provided by the City Department of Public Works.

A third aspect of Highland Park's transportation system involved the volunteer work of the local chapter of the National Council of Jewish Women. Elderly Highland Park residents can arrange to be picked up at their home and driven to the nearest supermarket through volunteers help. The volunteers also assist with the shopping, return participants to their homes and carry grocery bags into the kitchen.

School Buses

A number of cities have found they can use school buses for elderly transportation during the off hours. This

system has both advantages and disadvantages for the city. On the positive side, the need for a large capital investment is eliminated, existing organizational and administrative structures may be used for coordination purposes, and those buses already equipped with citizen band radios can be used to communicate with drivers in a dial-a-ride system or in case of breakdown.

On the negative side is the fact that buses were built for use by children and are ill-equipped to serve full-sized adults, especially those with mobility difficulties. Additionally, driver availability and non-school usage insurance may be problems.

Many cities such as Evansville, Indiana, do not limit their paratransit programs to one vehicle type. Rather, a number of different transportation modes are made available to elderly citizens under one umbrella program.

Trip III, Trip XX **Evansville**
1980 population 130,496

The City of Evansville, Indiana provides two programs to meet the transportation needs of its elderly citizens. The programs derive their names from the titles of federal legislation from which they are funded—TRIP III from Title III of the Older Americans Act, and TRIP XX from Title XX of the Social Security Act. Both programs involve the issuance of coupons or tickets which may be used for travel on a number of different systems, including a local taxi company, two professional wheelchair carriers, a door-to-door dial-a-ride service, city buses, and an escort service for frail elderly traveling to receive medical care.

Patterned after a West Virginia program of the same name, TRIP III (Transportation Renumeration Incentive Program) offers tickets to citizens of Evansville who are over 60 years of age. Purchasers may buy up to $24 worth of coupons at a time for a donation of $0 to $12, depending upon income. TRIP XX provides the free transportation to poverty level people over 60 years of age or with a transportation disability. Ticket allotment for TRIP XX is based upon an individual's need for transportation services.

Under Mayor Michael D. Vandeveer, the program has expanded greatly, due to new outreach capabilities and the use of volunteers recruited to lessen paperwork or staff. These successful programs are well received among the city's elderly and handicapped population because they allow for several options of transportation modes to be individually chosen by the participant. Recently, Evansville's TRIP program began providing access to therapy for dialysis, stroke and cancer victims using specialized, professional wheelchair services. This type of transportation would normally cost $40-50 per trip, beyond the means of most seniors. By having the city provide this valuable service, older people can remain independent longer and avoid costly institutionalization.

Coordinating Efforts

Because of the number of differing transportation systems operating within a given jurisdiction at the same time, coordination of effort is of prime importance. Ideally, the public transit and paratransit aspects of mobility for the citizenry should act in tandem to complement each other instead of competing with each other, as is sometimes the case. Coordination in both planning and operation phases is essential for cost-effective service to a city's elderly.

The following example from a four-city suburban area of Los Angeles illustrates the creative use of a mix of vehicles and systems through the coordinated effort.

Get About Transportation **La Verne, San Dimas, Pomona, and Claremont**

Get About Transportation provides demand-responsive rides within the 75-square mile area of Pomona, LaVerne, San Dimas and Claremont. The program is administered by a non-profit corporation, the Pomona Valley Community Services Corporation. When it began in 1978, the program operated entirely with loaned vehicles and volunteers. Its success as a supplement to a limited fixed-route bus system created more demand than a volunteer system was capable of handling. A Joint Powers Authority composed of an elected official from each of the four cities involved was set up for aid the program through direct local funding as well as state and federal monies. Volunteers still play a major role contributing approximately 800 hours per month, but the continued expansion of the program has caused the budget over the five-year period to grow to over $800,000. A variety of services are tapped for this level of funding, including city monies and in-kind services, the state transportation fund, the local Area Agency on Aging, the federal UMTA 16(b)(2) capital equipment program and the support of local groups and contributed fares.

Get About Transportation, La Verne, California

Get About Transportation owns 13 vehicles which are centrally located at a private taxicab company. A telephone call from an elderly or handicapped patron brings a radio-dispatched car or van to the participant's door where volunteer transit aides assist riders on and off the vehicle. Though the service area is quite large, the time between the telephone call and the arrival of the vehicle is kept to a minimum by effective radio communication among the

vehicles on the road. Still, the popularity of the program often requires advance scheduling of riders, especially during the peak use hours of 7:30 and 10:00 am. The riders are not limited as to purpose or destination within the service area and are treated on a "first-come-first-served" basis, except in cases of emergency. Efforts are made to schedule more than one passenger per vehicle in order to reduce the ratio of riders to actual vehicle miles traveled.

To be eligible for Get About Transportation, an individual needs to be over 60 years of age or transportation handicapped. Participants are issued identification cards which must be presented when boarding a vehicle. The City of Claremont allows the use of this ID card for access to their Dial-A-Ride system which is open to residents of all ages.

Demand for rides is very high in the four-city area—over 100,000 rides are furnished annually, serving an elderly and handicapped population of approximately 40,000. With the increase in the number of vehicles, city administrators have seen a 37 percent reduction in the average length of trip, improving the efficiency of the operation.

Local community involvement in the program is encouraged through the citizen's Advisory Council, which plays a grass roots advocacy role and serves as the administrators' "contact with reality." The combination of local government overview, non-profit administrative agency and strong local support and involvement has increased the funding possibilities of the program in the future.

Footnotes

[1] Hock, Ken, et al. "Planning of Paratransit Services," ITE Journal, January 1981, p. 40.

[2] Telephone Conversation with staff of Federal Highway Administration, Highway Statistics Division, May 1981.

[3] Ernst, Ulrich F.W., Rosenbloom, Sandra, Everett, Carol T., "Coordinating Transportation Services for the Elderly," The Urban Institute, p. 46.

[4] "No-Fare Transit—A Valuable Experiment," *AFL–CIO American Federationist*, June 1980, p. 7.

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[6] U.S. Department of Transportation, Urban Mass Transportation Administration, Transportation Systems Center, Technical Report, *The Handicapped and the Elderly Market for Urban Mass Transit*. Report No. UMTA–MA-06-0034-73-3., p. 9.

[7] U.S. Department of Transportation, *Elderly and Handicapped Transportation: Local Government Approaches*, March 1979, p. 11-12.

[8] American Public Transit Association v. Lewis, No. 80-1497, May 26, 1981.

[9] *Federal Register*, Volume 46, No. 138, July 20, 1981, pp. 37488-94.

[10] U.S. Senate, *Developments in Aging: 1978, Part Two, Appendices*, April 1979, p. 180.

[11] U.S. Conference of Mayors, *Serving the Urban Elderly: Trends in City Programs*, 1979, pp. 18-19.

[12] Institute of Public Administration, Ecosometrics, Inc., *Improving Transportation Services for Older Americans*, September 1980, p. 1.

[13] *Planning of Paratransit Services*, ITE Journal, January 1981, p. 41.

[14] U.S. Department of Transportation, *UMTA, Inventory of Transportation Services in Places of Less Than Ten Thousand Population Outside Urbanized Areas*, April 1978, pp. 1ff.

[15] Peat, Marwick and Partners, "Urban Transportation for the Disabled," prepared for the Ministry of Transportation and Communications (Canada), January 1975, Talbe V-13.

[16] Barker, William G.; Ryden, Tom K.; Watson, Floyd T.; "Transit Options for the Elderly and Handicapped," *Transit Journal*, Spring, 1978, pp. 11-20.

Appendices

A. Mayor's Awards for Volunteerism, 1981.
B. National Contractors for the SCSEP.
C. Federal Programs Benefiting the Elderly.

Appendix A

Mayors' Awards for Volunteerism, 1981

NATIONAL AWARDS

Anchorage, Alaska

1980 Population: 173,017

Mayor George M. Sullivan

Several times a year the Mayor and citizens of Anchorage take time to recognize and celebrate the contributions made by seniors to community life. With the Mayor's leadership and sustained effort over many years, citizens have found Anchorage "a good place to grow old." Fifty-three citizen groups involving seniors advise City administration on policy and program. Three major Senior Center programs receive cash and in-kind support from the municipality for programs ranging from health and alcoholism to recreation and transportation. The Mayor's leadership has encouraged development of a Senior Citizen/Handicapped Transportation Service and an annual Health Fair.

Baltimore, Maryland

1980 Population: 786,775

Mayor William Donald Schaefer

Baltimore's attitude toward its senior citizens as enunciated by the Mayor, a dedication to "... assuring all older citizens that their contributions to the community over the years have been appreciated and remembered," translates into a model city pogram for involving older citizens. A City-published directory of "Services for Older Baltimoreans" describes both public and private assistance programs for seniors. A partial list includes 16 senior centers, 65 golden age clubs, 80 congregate meal sites and 32 senior housing sites. The City co-sponsors a hospice with a private medical institution, operates a court volunteer program, and has had a Senior Power in Government Day for representatives of senior organizations to gain first hand knowledge of the workings of City government. The Mayor personally invites retired City employees to return to City work as volunteers.

Bellingham, Washington

1980 Population: 45,794

Mayor Ken Hertz

Active senior volunteers in Bellingham provided some 47,000 hours in essential service to fellow citizens in 1980 through City sponsored and coordinated volunteer programs. Volunteers in the Police Department Crime Prevention Program operate a community-wide Project ID for valuables, a Vacation House Check Program—complete with uniforms, radios and a patrol car—and a new home security check program in which volunteers will install door viewers (peep holes) for persons over 60. Seniors are taking action against vandalism in a project located in the main city transit terminal and jointly sponsored by the Police and Transit Departments. RSVP- recruited volunteers staff and information and assistance booth in an effort to recreate an atmosphere of safety for Bellingham residents using City transportation.

Colorado Springs, Colorado

1980 Population: 215,150
Mayor Robert M. Isaac

The wide range of citizen involvement opportunities including service to the elderly and roles for senior citizens on City boards and commissions attests to the importance of voluntary action in the life of Colorado Springs. The Mayor believes "there is a direct benefit to volunteerism—it creates a feeling of belonging, especially among the elderly. You can almost measure the vitality of a city by the level of volunteerism in it." Recent developments for the elderly include a Senior Victim Assistance Team sponsored by the Police Department and a weekly radio program featuring senior citizen news and issues called "Golden Happenings."

Cranston, Rhode Island

1980 Population: 71,992
Mayor Edward D. DiPrete

The Mayor's commitment to "making each and every participant in a senior program feel as an integral component of the project, enriching their personal growth as well as that of the group" is coming to fruition as the newly created City Department of Senior Services guided the renovation and opening (July 1981) of a new Senior Citizens Multi-Purpose Center. Seniors serve on an array of crucial City planning and advisory commissions. They volunteer in the Emergency Police Division of the Police Department at schools and senior citizens homes, and on holidays. Nearly two hundred Cranston businesses participate in a senior-organized program of discounts which features a directory of businesses published yearly.

Highland Park, Illinois

1980 Population: 30,611
Mayor Robert Buhai

In Highland Park, "all citizens volunteer in some capacity and older people have made volunteering part of their community life." The Highland Park Volunteer Pool coordinates a cooperative City-wide volunteer program for all City agencies involving many senior-focused programs, including a Senior Employment Service, a cadre of Volunteer Income Tax Aides, and a Nursing Home Study Committee. The Study Committee sponsors visits to and evaluations of area nursing homes by seniors, and makes the filed reports available to citizens seeking information on nursing home care. A "Hey Look Us Over" street fair in September, 1980, sponsored by the City Human Relations Commission, highlighted the role of public and private human service agencies in Highland Park's community life.

Jackson, Mississippi

1980 Population: 202,895
Mayor Dale Danks, Jr.

At a yearly Volunteer Action Fair, the City of Jackson honors its hundreds of volunteers serving throughout the City. Seniors provide volunteer service in the Congregate Nutrition Program, Senior Recreational Services, a Telephone Reassurance Program, the Davis Planetarium, Jackson's Police Crime Lab and the Art Museum. The nutrition program has grown to serve over one thousand meals per day. Churches and Senior Centers have co-sponsored a successful Vial of Life program, and the City is presently undertaking a Handicapped and Elderly Location Program (HELP) which will enable the evacuation of persons unable to help themselves.

SPECIAL RECOGNITION

Evansville, Indiana

1980 Population: 130,496
Mayor Michael D. Vandeveer

The Mayor's Organization for Volunteer Experience (MOVE) recruits, trains and places volunteers in City government. Through MOVE, the Retired Senior Volunteer Program and the Volunteer Action Center, senior volunteers gave fellow citizens some eighty thousand hours in service in 1980. A City Volunteer Advisory Board and full-time (volunteer) Volunteer Coordinator appointed by the Mayor coordinates volunteer service opportunities in Evansville. Innnovative among City transportation programs is TRIP (Transportation Remuneration Incentive Program), which provides tokens applicable to several modes of transportation throughout the City. A Senior Business Executive Roundtable serves as a "sounding board" for city policy. This year the Metropolitan Evansville Energy Task Force will, through volunteer effort, develop a community-wide energy policy for present and future.

Jacksonville, Florida

1980 Population: 540,898
Mayor Jake M. Godbold

The Mayor has mobilized the Jacksonville citizenry to awareness and activity on behalf of its senior community. The Mayor's Organization of Volunteer Effort (MOVE) recruits volunteers to work in public and private programs for the MOB, the Mayor's Older Buddies. Jacksonville both serves and celebrates older age through varied and innovative programs such as furnishing the common living areas of a senior retirement complex, a MOVE musical revue, a senior independent living program, parties for special occasions, Lone Ranger Day and a Fish-A-

Their. Two senior advocacy groups of special note in Jacksonville are the Congress of Senior Adults (an information and referral agency, entirely volunteer) and the Jacksonville Ecumenical Right to Eat Advocacy Board, which assures programs for adequate nutrition for seniors.

Lakewood, Ohio

1980 Population: 61,963
Mayor Anthony C. Sinagra

Of the senior citizens served at Lakewood's Office on Aging Multi-Purpose Senior Center, more than sixty percent in turn volunteer their time, talent and service through the Department of Aging SKILLSBANK. Volunteers provide a 24-hour hotline service for security and companionship, as well as a regular Telephone Reassurance program. Friendly Visitors arrange home visits with shut-ins, while Outreach Volunteers travel door-to-door in a campaign to describe services to seniors and to recruit volunteers. The City hosts an annual Sweetheart Dinner where seniors and volunteers from community organizations are recognized for their community service.

Newton, Massachusetts

1980 Population: 83,622
Mayor Theodore D. Mann

In 1980, City agencies serving the elderly cosponsored a Volunteer Recruitment and Mobilization Program to identify volunteer talent for the City's Skills Bank. Citizens offered some fifty thousand hours of service last year through the Retired Senior Volunteer Program Lifetime Learning, and in the hospital and the Friendly Visitor program, and with the church-sponsored Travelling Meals Program. Older citizens recount their personal stories for a live and recorded Living History program. And Project SELL, Senior Energy Learning Lab, provides lectures and workshops on home energy conservation for seniors. The mayor's leadership assured maintenance of the City's RSVP subsidy in face of Proposition 2½.

Northglenn, Colorado

1980 Population: 29,847
Mayor Odell C. Barry

Stating that " old age is like everything else to make a success of it, you have got to start young," the Mayor in 1980 established a Senior Citizens Advisory Commission to plan for present and future needs of older citizens. With private sector groups the City co-sponsors a Meals on Wheels and companionship program, a Well Oldsters Clinic and a Medical Referral Program. Seniors initiated and completed a Housing Needs Survey which was instrumental in developing the Northglenn Housing Authority. Older citizens volunteer for program development work with Human Resources Department staff as liaison between the Department and the senior community.

Pasadena, California

1980 Population: 119,374
Mayor Jo Heckman

Pasadena's volunteer corps, of whom half are senior citizens, provide a wide range of community services, from the Library Shut-in Program to the Health Department's Senior Preventive Health program to the Certified Farmers' Market. The First Annual City-Wide Volunteer Reception was held in 1981 to honor over eight hundred City volunteers and members of City boards and commissions. Volunteers Involved for Pasadena (VIP's) received name badges and red rose lapel pins to identify their special status. The Pasadena Commission on Aging sponsors a Placement Service for Older Workers program, partially staffed by volunteers, which develops full and part-time paid jobs for senior workers. Coordinated by Fuller Seminary, volunteers in the City's Crime Resistance Involvement Council serve more than 200 elderly clients per month with victim assistance, court advice, and burglar proofing information.

Ponce, Puerto Rico

1980 Population: 207,500
Mayor Jose G. Tormos-Vega

Since the inauguration of Ponce's Retired Senior Volunteer Program over 150 elderly volunteers have been placed at work throughout the City. To "procure the well being of the elderly in regard to physical, mental, spiritual, social and moral needs" the Mayor has appointed a Gericulture Advisory Council to coordinate with private and public agencies in program planning for the elderly. This is part of a City-wide Volunteers for the Aged program spearheaded by the Mayor which includes four Senior Day Care Centers and four Institutitons for the Elderly.

Revere, Massachusetts

1980 Population: 42,423
Mayor George V. Colella

The recent dedication of its major Senior Center to an individual active and outspoken senior volunteer demonstrates Revere's commitment to recognizing the special involvement of the citizens in community life. The Mayor's Council on Elderly Affairs coordinates activities at eight Senior Drop-In Centers throughout the City, including nutrition, arts and crafts, and social programs; plus a Senior Companion Program and Elderly Holiday Fund which provides direct relief in cash and kind, and a Senior Citizen Park Maintenance Corps. Through the Senior Job Bank citizens find placements in City and com-

munity agencies as full-time and part-time paid and volunteer workers. Once yearly the Mayor hands over the reins of office on Senior Government Day.

St. Petersburg, Florida

1980 Population: 236,893
Mayor Corinne Freeman

St. Petersburg's Sunshine Center, operated by the City's Office on Aging, is staffed by more than two hundred volunteers who work in Transit Identification, Income Tax Assistance, as classroom instructors and in hosts of programs. An annual Senior Showcase fair, co-sponsored by the City and *The St. Petersburg Times*, highlights services and activities for and by seniors. Elderly citizens are prominent members of the Council of Neighborhood Associations representing forty neighborhood groups. Senior volunteers are honored at an annual Recognition Ceremony where they receive keys to the City and lifetime bus passes.

San Francisco, California

1980 Population: 678,947
Mayor Dianne Feinstein

Thousands of senior volunteers participate in San Francisco City programs representing over eleven percent of the older population. Programs include SAFE (Safety and Awareness For Everyone), for neighborhood crime prevention, Juvenile Court/Youth Guidance Center, Parks and Recreations, and Adopt-A-Cable Car. The San Francisco Commission on Aging funds in whole or in part programs such as Salvation Army Senior Activities, RSVP, the Russian-American Senior Center, the Family Health Project. The Department of Social Services sponsors, among others, a Telephone and Home Visiting program for the elderly, some of whose volunteers serve as part of an industry-organized volunteer corps called Task Force.

Toa Baja, Puerto Rico

1980 Population: 74,400
Mayor Juan Hernandez Ferrer

The Mayor's Retired Volunteer in Action program recruits, trains and places volunteers in City Hall jobs. Substitute "grandparents" assist teachers in Headstart and Community Action Programs by providing meals and teaching games for youngsters. Individuals and community groups combine talent and materials together for rehabilitation of individual seniors' housing. The City provides space and seeds for an older citizens' farm, and co-sponsors, with private organizations, a yearly Health Fair. The Mayor is committed to "open up new horizons for older people and bring them back to the community."

Tucson, Arizona

1980 Population: 330,537
Mayor Lewis C. Murphy

In 1981 Tucson launched CIVICS (Citizen and Intern Volunteers In City Service), a program in cooperation with the University of Tucson, Pima Community College, the Voluntary Action Center of Tucson and the City's Retired Senior Volunteer Program. Volunteers work in one hundred City department jobs; many are seniors. Hundreds of older Tucson residents serve their community in Senior Now Generation programs, most notably at nineteen senior centers and in provision of 1700 meals daily through the City nutrition program. A unique City service for the elderly is a Mobile Podiatry Van.

Virginia Beach, Virginia

1980 Population: 262,199
Mayor J. Henry McCoy, Jr., D.D.S.

While senior citizens constitute seven percent of the City's population, they make up one tenth of the volunteer corps in Virginia Beach. Older volunteers are principally responsible for the Police Department sponsored Integrated Crime Analysis Project designed to develop and analyze data important to reducing crime. In the City Library, retired telephone company employees develop and maintain reading and listening aids for the Special Services Division, most of whose users are seniors. Virginia Beach's annual celebration day for senior volunteers is called JOY—Just Older Youth.

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Appendix B

National Contractors for the SCSEP

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is authorized by Title V of the Older Americans Act and is administered by the U. S. Department of Labor. The program supports 54,200 part-time community service jobs for low-income workers aged 55 and over. Currently, 79 percent of all SCSEP participants are over the age of 60, and 66 percent are women.

For the period July 1981 through June 1982, eight national organizations received grants totaling $209 million for approximately 41,000 jobs. These groups are:

Green Thumb, Inc.
National Farmers Union
1401 Wilson Blvd.
Arlington, VA 22209

Asociacion Nacional Pro Personas Mayores
1730 West Olympic Blvd., Suite 401
Los Angeles, CA 90015

National Center on Black Aged
Rural Senior Employment Program
1424 K Street, NW, Suite 500
Washington, DC 20036

National Council of Senior Citizens
Senior Aids Program
925 15th Street, NW
Washington, DC 20005

National Council on the Aging
Senior Community Service Project
600 Maryland Ave, SW West Wing 100
Washington, DC 20024

National Retired Teachers Association/
American Association of Retired Persons
Senior Community Service Project
P O Box 19269
Washington, DC 20036

National Urban League, Inc.
Employment Training and Economic Resources
500 East 62nd Street
New York, NY 10021

U S. Forest Service
Human Resources Programs
P O Box 2417, Auditors Building
Washington, DC 20013

The remainder of the funds available under Title V ($67.3 million) were provided to the 50 states, the District of Columbia and the several U. S. Territories. Most states operate SCSEP projects themselves, but six states (Alabama, Florida, New Hampshire, New Jersey, North Dakota and South Dakota) and Puerto Rico have assigned responsibility for their SCSEP grants to one or more of the eight national organizations. Two other states (Nebraska and Kansas) have assigned partial responsibility to one or more of the national groups.

Source: U S Department of Labor

Appendix C

Federal Programs Benefiting the Elderly

HOUSING

Executive Agency Program	HOUSING AND URBAN DEVELOPMENT		
	Office of Insured and Direct Loan Programs	Office of Assisted Housing	Community Planning and Development
Housing For the Elderly The Housing Act of 1959, as amended, Sec. 202 (12 U.S.C. 1715 Z-1)	Federal loans for construction or rehabilitation of multifamily rental housing for elderly (age 62 and over). Tenants may qualify for rent supplements under the Section 8 program		
Low and Moderate Income Housing The Housing Act of 1937, as amended, Sec. 8 (42 U.S.C. 1437 f)	Provides housing assistance payments for low-income persons and families who cannot afford "decent and sanitary housing in the private sector." Rent supplements cover the difference between the community's fair market rent down to 30% of the tenants' adjusted income.	Responsible for management of Section 8 rent subsidy program	
Mortgage Insurance on Rental Housing For the Elderly The Housing Act of 1959, as amended, Sec. 231 (12 U.S.C. 1715)	Federal government insures against loss on mortgage for the construction and rehabilitation of multifamily rental housing for the elderly (aged 62 and over) or disabled whose income is higher than the low or moderate income level.	Responsible for management of Section 231 mortgage insurance program.	
Rural Rental Housing Loans Housing Act of 1949, as amended Sec. 515 (49 U.S.C. 1485)			
Community Development (Block Grant Program) Housing and Community Development Act of 1974, Title I, as amended, (42 U.S.C. 4501, et seq.)			Formula grants to urban communities, based on poverty population and other economic and population factors, for variety of community development activities including construction of senior citizens centers.
Low Rent Public Housing U.S. Housing Act of 1937, as amended, (42 U.S.C. 1401-1435)	Local housing authorities receive federal loans to aid in the purchase, rehabilitation, leasing or construction of multi-family housing for low income families, individuals aged 62 and over, and handicapped individuals. Housing designed for the elderly may have congregate dining rooms and other special features. Rents may not be more than 30% of the family's income.	Responsible for management of public housing program.	

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1975, pp. 4-14.

TRANSPORTATION

Executive Agency Program	DEPARTMENT OF TRANSPORTATION Urban Mass Transportation Administration
Capital Assistance Grants for Use by Public Agencies Urban Mass Transportation Act, as amended, Sec. 16(B)(1)(49 U.S.C. 1612)	Up to 2% of the annual allotment for capital assistance grants may be set aside for local public agencies for the acquisition of transit vehicles, equipment and facilities. Grants may be used to meet special transportation needs of elderly and handicapped individuals. The 2% funding limitation applies to both public and private nonprofit agencies (see Sec. 16(B)(2) below). Thus far, funds have been awarded only to nonprofit groups as public agencies qualify for funding under Sections 3, 5 and 9 of UMTA.
Capital Assistance Grants for Use by Private Non-Profit Groups Urban Mass Transportation Act, as amended, Sec. 16(B)(2)(49 U.S.C. 1612)	Up to 2% of the annual allotment for capital assistance grants may be set aside for private non-profit groups to provide mass transportation services for elderly and handicapped individuals.
Reduced Fares Urban Mass Transportation Act, as amended (49 U.S.C. 1602 et seq.)	Mass transportation companies who receive federal funds for either capital or operating expenses must charge elderly and handicapped individuals no more than half fare during off peak hours.
Capital and Operating Assistance Grants Urban Mass Transportation Act, as amended, Sec. 3, 5 and 9 (49 U.S.C. 1601 et seq.)	Grants to local public agencies are awarded under Section 3 for the acquisition and construction of mass transit vehicles, under Section 5 for capital and operating expenses, and under Section 9 for planning. These grants may be used for special services for the elderly.

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1979, pp. 4-14.

TRAINING AND RESEARCH PROGRAMS

Executive Agency Program	DEPARTMENT OF HEALTH AND HUMAN SERVICES		
	Administration on Aging	Health Care Financing Administration	National Institute on Aging
Model Projects Older Americans Act, as amended, Title IV (42 U.S.C. 3021, et seq.)	Federal project grants to develop projects designed to demonstrate new or improved methods of providing needed services to older people, focusing especially on housing, transportation, education, pre-retirement counseling and special services for older handicapped persons.		
Multi-Disciplinary Centers of Gerontology Older Americans Act, as amended, 1973, Title IV-C (42 U.S.C. 3021, et seq.)	Grants to public and private non-profit agencies and institutions to establish or support centers for such activities as training personnel, research and demonstration projects, and consultation services.		
Personnel Training Older Americans Act, as amended, Title IV-A, (42 U.S.C. 3041-3042)	Project grants for training persons employed or preparing for employment in the aging field and for publicizing available career opportunities in the field of aging.		
Research and Demonstration Programs Older Americans Act, as amended, Title IV-B (42 U.S.C. 298-d, et seq.)	Project grants for research and demonstration projects involving the aging patterns and living standards of the elderly and delivery of services to them including long term care services.		
Research on Aging Process and Health Problems Public Health Service Act, as amended, Title IE (42 U.S.C. 258-d, et seq.)			Conducts and supports research relating to biological, behavioral and sociological aspects of the aging process and the special health problems of the elderly.

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1979, pp. 4-14.

EMPLOYMENT AND VOLUNTEER

Executive Agency Program	DEPARTMENT OF LABOR		ACTION	SMALL BUSINESS ADMINISTRATION
	Employment Standards Administration	Employment and Training Administration		
Age Discrimination In Employment A.D.E. Act of 1967, as amended (29 U.S.C. 621)	Individuals aged 40 through 69 are protected from discrimination in employment because of age by most employers of 20 or more persons, employment agencies, and labor organizations with 25 or more members. There is no mandatory retirement age for most Federal employees.			
Community Based Employment and Training Programs Comprehensive Employment and Training Act, (29 U.S.C. 801)		Funds are distributed to "prime sponsors" (States, units of local government with populations of 100,000 or more) for providing training opportunities for persons of all ages wanting employment.		
Community Service Employment For Older Americans Older Americans Act, Title V (42 U.S.C. 3062, et seq.)		Secretary of Labor may contract with public and private non-profit agencies to develop and administer part time employment opportunities in public service activities for low-income persons aged 55 or older.		
Employment Programs For Special Groups Comprehensive Employment and Training Act, (29 U.S.C. 801)		Secretary of Labor may establish and operate training and employment programs for special groups, including older workers.		
Foster Grandparent Program Domestic Volunteer Service Act (42 U.S.C. 5022, et seq.)			Federal grants are awarded to public and private non-profit agencies for creating volunteer service opportunities for low-income persons aged 60 and older to render supportive services to children. Volunteers receive stipend.	
Retired Senior Volunteer Program (RSVP) Domestic Volunteer Service Act (42 U.S.C. 5022)			Federal grants are made to public or private non-profit agencies to establish or expand volunteer activities for the elderly. Compensation for out-of-pocket expenses incidental to their services provided.	
Senior Companion Program Domestic Volunteer Service Act (42 U.S.C. 5022, et seq.)			Grants are awarded to public and private non-profit agencies for creating volunteer service opportunities for low-income persons aged 60 and older who wish to render supportive service to adults, usually senior adults. Volunteers receive stipend.	
Service Corps of Retired Executives (SCORE) Domestic Volunteer Service Act (42 U.S.C. 5033)				Provides volunteer service opportunities for persons aged 18 or older in urban and rural poverty areas, on Indian Reservations, with migrant farmers, and in federally assisted institutions for the mentally ill and mentally retarded. Most older VISTA volunteers serve part time.
Volunteers in Service to America (VISTA) Domestic Volunteer Service Act (42 U.S.C. 4951 et seq.)			Retired professionals and businessmen assist persons with business related problems through local SCORE chapters established by the Small Business Administration.	

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1973, pp. 4–14.

HEALTH CARE

Executive Agency Program	HEALTH AND HUMAN SERVICES			HOUSING AND URBAN DEVELOPMENT	VETERANS ADMINISTRATION
	Health Care Financing Administration	Health Services Administration	National Institute of Mental Health	Office of Insured and Direct Loan Program	
Health Resources Development Construction and Modernization of Facilities (Hill-Burton Program) Public Health Services Act, Title XVI, (42 U.S.C. 291)		Federal formula grants and loans are made to public and private agencies, and to State governments for construction, expension or modernization of long term care institutions, and other outpatient and inpatient facilities. Federal share of project cost determined by designated State agency			
Community Mental Health Centers Community Health Centers Act, (42 U.S.C. 2681, et seq.)			Federal grants are provided to States to establish community mental health centers which provide comprehensive mental health services to low-income persons of all ages		
Construction of Nursing Homes and Intermediate Care Facilities National Housing Act, as amended 1959, Section 232 (12 U.S.C. 1715Z-1)				Federal government insures loans to non-profit agencies or individual sponsors to finance the construction rehabilitation or refinancing supply of certified nursing homes or intermediate care facilities	
Grants to States for Medical Assistance Programs (Medicaid) Social Security Act, Title XIX, (42 U.S.C. 1396, et seq.)	Federal grants to states to cover 50-83% of costs of medical care for eligible low-income families and individuals. Within federal guidelines, states establish eligibility and scope of benefits				
Program of Health Insurance For the Aged and Disabled (Medicare) Social Security Act, Title XVIII, (42 U.S.C. 1395, et seq.)	Provides coverage of specified health care services for persons aged 65 or older and eligible disabled persons. Part A (Hospital Insurance) covers hospital & post hospital skilled nursing home care and home health services. Part B (Supplementary Medical Insurance) subject to premiums, covers physicians and other specified outpatient services				
Veterans Domiciliary Care Program (38 U.S.C. 5001-5002) (38 U.S.C. 641-643)					Federal funds for federal facilities, and project grants to States to construct and rehabilitate domiciliary care facilities for veterans. Facilities provide medical and personal care in residential type setting to aged and disabled veterans not requiring hospitalization the program provides payments to facilities for provision of such services
Veterans Nursing Home Care Program (38 U.S.C. 5031-5037) (38 U.S.C. 641-643)					Federal funds for federal facilities, and grants to State for construction of homes providing nursing home care to veterans, and for covering medical care services for veterans receiving such care

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1979, pp. 4-14

INCOME MAINTENANCE

Executive Agency Program	AGRICULTURE Food and Nutrition Service	U.S. CIVIL SERVICE COMMISSION Bureau of Retirement, Insurance and Occupational Health	HEALTH, EDUCATION, AND WELFARE Social Security Administration	RAILROAD RETIREMENT BOARD Bureau of Retirement Claims	VETERANS ADMINISTRATION Compensation and Pension Service
Civil Service Retirement Civil Service Retirement Act, as amended (5 U.S.C. 8331, et seq.)		Principal retirement for federal civilian employees. Financed by employee contributions matched by employing agency plus congressional appropriations. Provides monthly retirement disability benefits based on past earnings and length of service to eligible individuals and their survivors.			
Food Stamp Program Food Stamp Act of 1977, as amended (7 U.S.C. 2016—2025)	Low income families and individuals may receive monthly food stamp allotments, varying with income and household size. Elderly and other homebound persons may exchange food stamps for home-delivered meals. Elderly and certain disabled persons may use food stamps in certain community meals programs.				
Old-Age, Survivors Insurance Program (Social Security) The Social Security Act, as amended Title II (42 U.S.C. 401, et seq.)			Financed through the payroll tax on employees, employers, and self-employed persons. Social Security pays monthly cash benefits to retired or disabled workers, their dependents, and survivors. Entitlement and level of benefits is based on past covered earnings. Wage earners are eligible for unreduced benefits at age 65 or may opt for permanently reduced benefits at age 62.		
Railroad Retirement Program Railroad Retirement Act 1935, as amended (45 U.S.C. 351-367)				Financed through a payroll tax on employees and employers. Monthly benefits are paid to retired workers (their wives and survivors) after 10 years employment in carrier railroad employment. Coverage for individuals with less than 10 years service is transferred to the Social Security System.	
Supplemental Security Income Program Social Security Act, as amended Title XVI (42 U.S.C. 1381, et seq.)			Aged, blind and disabled persons with limited resources, are guaranteed a minimum income by the Federal government. Most states supplement Federal payments. SSI benefits are reduced by a fraction of earnings.		
Veterans Pension Program (38 U.S.C. 501, et seq.)					Provides monthly cash benefits to veterans aged 65 or older with at least 90 days military service, including 1 day wartime service and who meet income limitation requirements. Benefits are also paid to designated survivor. Benefits vary according to veteran's annual income.

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1979, pp. 4-14.

SOCIAL SERVICE PROGRAMS

Executive Agency Program	EDUCATION	HEALTH AND HUMAN SERVICES		COMMUNITY SERVICES ADMINISTRATION	TREASURY	LEGAL SERVICES CORPORATION
		Administration on Aging	Administration for Public Services		Office of Revenue Sharing	
Educational Opportunities for Older Persons Elementary and Secondary Education Act, as amended, Title VIII (20 U.S.C. et seq.)	There is authorized matching grants to State and local educational agencies, and other public agencies and nonprofit organizations for planning, establishing, expanding, and operating community education programs. Special programs for particular target groups, such as older persons, are included among the specifically authorized community education activities					
Legal Services Corporation Legal Services Corporation Act (42 U.S.C. 2996)						Project grants to private non-profit organizations, universities and Bar sponsored organizations to provide legal services in low-income neighborhoods for those who cannot afford such services on their own
Multipurpose Senior Centers Older Americans Act as amended 1973, Title III (42 U.S.C. 3021, et seq.)		State and Area Agencies on Aging may award grants for purchasing, acquiring, altering or for the construction of a facility to serve as a multipurpose service center				
Nutrition Program for the Elderly Older Americans Act of 1965, as amended, Title III (42 U.S.C. 3051)		Formula grants through State and Area Agencies on Aging to public and private non-profit agencies to establish and operate low cost group meals and home-delivered meals for elderly persons 60 years old and older and their spouses of any age				
Revenue Sharing State and Local Fiscal Assistance Act of 1972 (31 U.S.C. 1221, et seq.)					Direct payments to local governments based on a formula including population, poverty incidence, and state local tax effort. Local governments may use these funds for 8 categories of services, including social services for the poor and elderly	
Senior Opportunities and Services Economic Opportunity Act of 1964, as amended, Title II, Sec. 222(a)(6) (42 U.S.C. 2809, et seq.)				Grants are made available to community action agencies which fund projects providing economic, health and employment services and activities for low-income elderly not adequately served by more general programs under CSA		
Social Services of Low-Income Persons and Public Assistance Recipients Social Services Block Grant, Omnibus Reconciliation Act of 1981 (Social Security Act, as amended, Title XX (42 U.S.C. 1361-1371)			Formula grants to state welfare agencies to establish and operate social service programs for individuals meeting state income limitations. Services for the elderly may include information and referral services, home health care services, nutrition and other support services			
State and Community Programs Older Americans Act of 1965, as amended, Title III (42 U.S.C. 3021-3025)		Formula grants to States to develop a comprehensive social service delivery system, establish Area Agencies on Aging, and fund directly social services, when otherwise inaccessible				

Source: Adapted from U.S. Congress, House Select Committee on Aging, Federal Responsibility to the Elderly, January 2, 1979, pp. 4-14

Administering Aging Programs Technical Advisory Panel

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March 1982